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# **Understanding the Impact of Childhood Victimisation**

Briony Gunnell, MSc, BSc

This thesis is submitted in partial fulfilment of the requirements for the degree of

Doctorate in Clinical Psychology

Universities of Warwick and Coventry,

Department of Clinical Psychology

May 2018

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## **Acknowledgements**

I would like to thank my research supervisors, Dr Tony Colombo and Dr Magda Marczak. Your advice, time and support, both in helping to develop my ideas and in providing feedback on my drafts, has been invaluable and is truly appreciated. You have both helped to guide me through this process and you have developed my confidence and knowledge in my research skills and ability.

I would like to thank the school staff and participants for their enthusiasm and eagerness to be involved in the research. Without this, my research on cyberbullying would not have been possible.

I would also like to thank my family and friends, your support and understanding throughout this process is really appreciated. To my wonderful husband, Dan, I can't thank you enough for your unwavering support, patience, kindness and encouragement. You have always had faith in me and you have given me so much strength. I shall forever be grateful for having you by my side throughout the doctorate.

Lastly, I would like to thank my cohort. This is a journey we have all been on together and our shared experiences have created a real sense of connectedness, understanding and a strong support network.

## **Declaration**

I confirm that my thesis has not been submitted for a degree at another University.

This thesis reflects my own work, with the addition of the support of my research supervisors in providing feedback on my drafts throughout this process.

I am hoping to publish my empirical paper and literature review and my research supervisors will be named authors on these publications. The journal selected for publication of both papers is 'Child Abuse and Neglect'. See appendix J for instructions to the author. I also intend to disseminate my empirical paper at the Warwick University Psychology Post Graduate Research Conference in May 2018 and at the West Midlands Clinical Psychology Trainee Research Conference in July 2018.

## **Summary**

Both the literature review and empirical paper address the impact of childhood victimisation; while the literature review focuses on long term impact of child abuse within the context of future parenting, the empirical paper discusses the more immediate effects of childhood victimisation in the form of cyberbullying.

While current literature acknowledges the impact of child abuse on mental health and physiological responses, little is known about the impact of childhood abuse on later parenting ability. This review therefore focuses on understanding the role that a maternal history of child abuse plays in the development of attachment relationships with her child. In particular, this paper discusses the mother child attachment relationships in the context of the child's attachment style, maternal sensitivity and maternal availability.

Cyberbullying is prominent within school aged children, however few studies have focussed on using qualitative approaches to understand experiences of cyberbullying. Therefore, this empirical paper aims to provide an understanding of the psychological experiences of children who have been cyberbullied. A qualitative approach using Interpretative Phenomenological Analysis was adopted in order to gain an in depth understanding of experiences. The empirical paper discusses key themes which arose, including the impact of cyberbullying victimisation on self identity and psychological distress.

My own experiences of the research process are explored within the reflective paper. This paper uses one model, Gibbs' (1988) reflective cycle, in order to guide the reflective process. The paper addresses the challenges experienced when separating the role of researcher and practitioner and the learning process of the role of

researcher. These concepts are explored in relation to learning about Interpretative Phenomenological Analysis, the process of interviewing participants, the believability of the information obtained within the interviews and the literature review process.

## **List of Abbreviations**

**IPA:** Interpretative Phenomenological Analysis

**PTSD:** Post Traumatic Stress Disorder

**PACE:** Playfulness, Acceptance, Curiosity, Empathy

## **Chapter I: Literature Review**

**Does a history of childhood trauma amongst mothers impact on attachment relationships with their children? A Systematic Review of the Literature.**

**Word Count: 7,979**

## 1.1 ABSTRACT

**Background:** Many children who experience traumatisation as the result of abuse grow up to become mothers themselves. Yet, little is known about how a trauma, resulting from a history of child abuse amongst mothers, influences attachment relationships with their own children.

**Aim:** This literature review aims to understand how an experience of childhood abuse in mothers impacts upon their attachment relationship with their child.

**Method:** Six databases were searched using key search terms and Boolean techniques. Inclusion and exclusion criteria were employed and a PRISMA flow diagram was used to obtain the final 16 studies included in this review. All studies were subject to quality assessment. Inter-rater reliability of quality assessment was assessed using Cohen's KAPPA.

**Results:** Six studies explored the mother child attachment styles, the majority of which found no significant relationship between maternal history of abuse and the child's attachment style. Six studies also focussed on maternal availability and 12 focussed on maternal sensitivity. Findings remain unclear, but suggest the role of mediating factors in influencing the mother's availability and sensitivity.

**Discussion:** The findings are discussed in relation to the wider clinical implications, such as working in therapeutic settings. Limitations and directions for future work are also discussed.

## **1.2 INTRODUCTION**

### **1.2.1 Defining Childhood Abuse**

Child abuse is seen as a significant type of childhood trauma (De Bellis & Zisk, 2014), yet there is no unified definition of child abuse as its interpretation varies across cultures and between families (Fréchette & Romano, 2017; Kempe, 2012). Legally, a child is anyone under the age of 18 years old and a formal definition of abuse is presented in terms of when others cause harm or do not protect children from harm (Department for Education, 2015).

The World Health Organisation (1999) and NSPCC (2017) suggest four types of child abuse: physical, sexual, emotional abuse and neglectful conduct. Physical abuse includes acts which lead to physical harm to a child, such as hitting and shaking. Sexual abuse occurs when children are forced to engage in activities of a sexual nature, including a range of sexual assaults from rape to the creation of sexual images using children. Emotional abuse consists of distressing interactions, such as bullying, criticising and humiliating, which have an impact on the child's psychological wellbeing. Neglect is seen as a repeated failure in meeting the basic needs, such as failing to feed, clothe, care for and protect the child. These types of abuse can lead to the development of childhood trauma (The National Child Traumatic Stress Network, 2010).

It is also important to understand the victim/perpetrator relationship. Abuse can be intra-familial, for example occurring within the context of the family, or extra-familial, such as abuse committed by strangers or members of institutions, for example within schools or religious groups (Allnock, 2016; Fischer & McDonald, 1998). This differentiation could be associated with the degree of trust that the child



places in the relationship, which in turn may have an impact on attachment relationships (Briere, Runtz, Eadie, Bigas & Godbout, 2017). This review will focus on intra-familial abuse.

### **1.2.2 Childhood Trauma and Parental Attachment Relationships**

The trauma experienced as a consequence of child abuse can have long term psychological and physiological consequences, including depression, anxiety and changes in cortisol levels via the hypothalamic pituitary adrenal axis (Van Voorhees & Scarpa, 2004; Lindert, von Ehrenstein, Grashow, Gal, Braehler & Weisskopf, 2014). Children who have been abused are also significantly more likely to develop an insecure attachment style (Baer, 2006), influencing their relationships with both adults and other children.

Interactions within relationships can be understood through the framework of attachment theory. This theory was proposed by Bowlby (1969) and suggests that infants develop an attachment, or strong bond, to a primary caregiver, with the child's behaviour being aimed at seeking proximity to their attachment in situations that, for example, evoke fear or distress (Bowlby, 1969).

There are four different patterns of attachment; secure, anxious avoidant, anxious ambivalent and disorganised (Bowlby, 1969; Ainsworth, 1985; Main & Solomon, 1986). Securely attached children have caregivers who are sensitive, attuned to the child's needs and are reliably responsive. This enables the attachment figure to provide a safe base for the child, facilitating exploration with the knowledge that the caregiver will be consistently available and responsive. If a child has an anxious avoidant attachment style, their focus is on exploration at the expense of seeking

proximity to the caregiver. The caregiver is often seen as rejecting, therefore the child's attempts to seek closeness are ignored. This can leave the child in conflict between their desire to seek proximity and their fear of rejection. If a child has an anxious ambivalent attachment style, they experience their caregiver as inconsistently responsive. This leaves the child seeking proximity at the expense of exploration and resisting separation due to the accessibility of their caregiver being unpredictable (Ainsworth, 1985). Main and Hesse (1990) suggest that children with a disorganised attachment style encounter a dilemma; their parents are both the source of and the solution to their fear and distress.

Research has found that maternal 'availability' and 'sensitivity' are important factors in the development of attachment styles. In particular, studies suggest that securely attached children are more likely to have a mother who is available and sensitive compared to those with insecure attachment styles (De Wolff & van Ijzendoor, 1997; Easterbrooks, Biesecker & Lyons-Ruth, 2000; Ziv, Aviezer, Ini, Sagi & Koren-Karie, 2000).

'Maternal availability' involves more than the physical presence of a carer as this alone is not sufficient for the child to feel able to explore their surroundings (Sorce & Emde, 1981; Bowlby, 1973). Instead, carers must be readily accessible and willing to respond (Bowlby, 1973). Sorce and Emde (1981) noted that a key feature of maternal availability was the mother's readiness to emotionally engage with the child. The concept of emotional availability explores the extent to which emotional expression is displayed within a relationship and the responsiveness to these expressions (Emde & Easterbrooks, 1985). Maternal emotional availability has been related to the mother child attachment relationship (Easterbrooks & Biringen, 2009).

Ziv, Aviezer, Ini, Sagi and Koren-Karie (2000) have also found that security of attachment was associated with emotional availability.

Part of being emotionally available involves displays of maternal ‘sensitivity’; this is recognised as an important component of intra familial attachment relationships.

Maternal sensitivity can be understood as having an awareness of the child’s displays of behaviour, being able to identify these accurately and to provide a suitable response within a timely manner (Ainsworth, 1969).

### **1.2.3 Rationale and Aim**

There have been literature reviews which have focussed on mothers and also attachment related issues, however there have been few reviews which focus on mothers with a history of childhood trauma. While a recent review focuses on caregiving behaviours, such as sensitivity, amongst mothers with a history of childhood trauma (Vaillancourt, Pawlby & Fearon, 2017), there has been no attempt to draw together the literature across the three domains of attachment relationships, namely attachment styles, availability and sensitivity. Therefore, the aim of this systematic review is to gain a clearer understanding of how experiencing a history of childhood trauma might impact on mothers’ attachment relationships with their children. For the purposes of this review, ‘attachment relationships’ will be defined as including attachment styles, maternal availability and maternal sensitivity. This review will ask:

1. How does a history of childhood trauma amongst mothers, impact on attachment styles with their children?

2. How does a history of childhood trauma amongst mothers, impact on availability for their children?
3. How does a history of childhood trauma amongst mothers, impact on sensitivity towards their children?

## **1.3 METHOD**

### **1.3.1 Literature Search**

**1.3.1.1 Search process.** Research on childhood trauma and attachment relationships is typically conducted within the disciplines of psychology, criminology and health. Therefore, six databases within these fields of study were searched on 9<sup>th</sup> March 2018, after ethical approval was obtained (Appendix A). The databases searched were PsycInfo, Science Direct, PubMed, CINHALL, Scopus and Web of Science. This was supplemented with a manual search of key article reference lists and a search for grey literature through databases and online search engines, such as google scholar.

#### **1.3.1.2 Search Terms.**

As can be seen from Table 1 below, searches were carried out using main concepts and synonyms and the search focussed upon the article title, abstract and keywords.

**Table 1. Concepts and synonyms to be captured by the search.**

Main Concepts	Synonyms	Location
Child abuse	Childhood trauma, child maltreatment, child sexual abuse, Child physical abuse, Child emotional abuse, Child neglect	Title, Abstract, Keywords
Parent	Maternal, Mother, Intra-familial, Family	Title, Abstract, Keywords
History	Prior, Previous, Survivor	Title, Abstract, Keywords
Attachment	Attach*	Title, Abstract, Keywords
Availability	Accessibility	Title, Abstract, Keywords
Sensitivity	Responsive, Attunement	Title, Abstract, Keywords

#### **1.3.1.3 Search Strategy.**

Boolean techniques were employed during the search process. The search strategy was: ("child abuse" OR "childhood abuse" OR "child trauma" OR "childhood trauma" OR "child maltreatment" OR "childhood maltreatment" OR "child sexual abuse" OR "childhood sexual abuse" OR "child physical abuse" OR "childhood physical abuse" OR "child emotional abuse" OR "childhood emotional abuse" OR "child neglect" OR "childhood neglect") AND (maternal OR mother OR parent OR family OR "intra familial" OR "intrafamilial" OR "intra-familial") AND ( history OR Previous OR prior OR survivor) AND ( availab\* OR accessib\* OR sensitiv\* OR responsiv\* OR attune\* OR attach\*).

#### **1.3.1.4 Inclusion and Exclusion Criteria**

Table 2 below describes the criteria on which study inclusion will be based.

**Table 2. Inclusion and Exclusion Criteria**

	<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>
Methodology	All empirical studies, including quantitative designs, qualitative designs and mixed methods	Case studies, commentaries, reviews
Language	All studies that are written in English	Studies which are not written in English
Accessibility	Studies where the full text is accessible	Studies where the full text is not accessible.
Location	Countries where societies are organised around Westernised cultures	Non Westernised cultures
Peer reviewed papers	All studies that are peer reviewed	Studies which are not peer reviewed
Mothers with a history of child abuse	The mother has a history of child abuse or neglect. This includes Sexual, physical, emotional abuse and neglect. Abuse that was intra familial in nature.	The mother has experienced adulthood abuse or trauma. The mother has experienced childhood trauma which does not constitute intra familial abuse or neglect, e.g. loss, war trauma or refugee trauma
Age of child	From birth to 17 years of age.	Any studies which include children aged 17 and above.
Mothering Status	Mothers are biologically related to their child.	Adopted or foster mothers.
Attachment relationship	Studies which focus on styles of attachment between the mother and child or maternal sensitivity or availability.	Studies which focus on bonding or do not focus on the attachment relationship, or on the sensitivity or availability of the mothers.

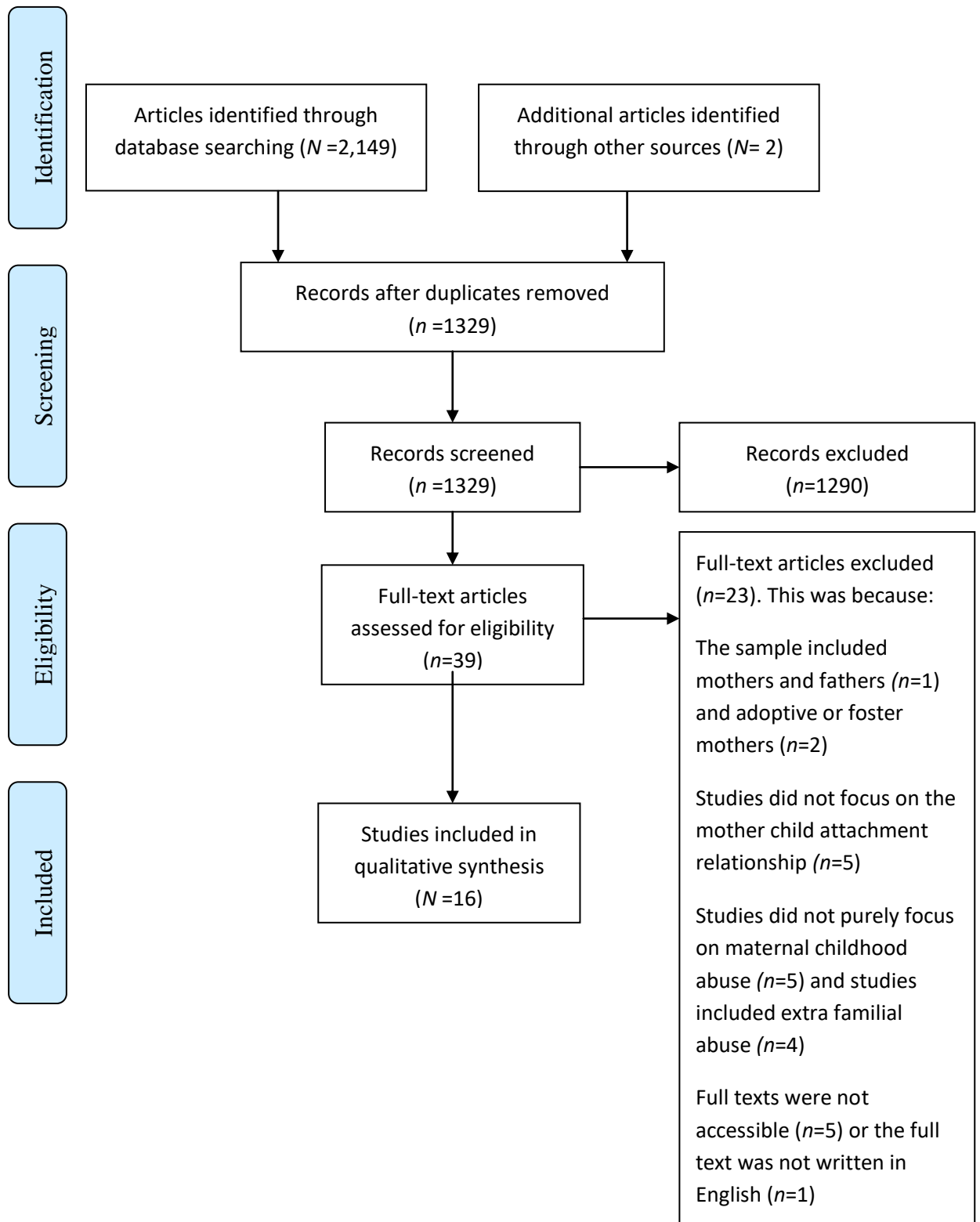
The title and abstracts were used to screen each study. Screening criteria included both qualitative and quantitative studies that were written in English and where the full text was accessible. This review also included studies which were peer reviewed. Given that culture has an impact on the definition of child abuse (Kempe, 2012), this review attempted to reduce variability in how child abuse is understood by only including studies that were carried out within Western cultures. Studies were also screened by relevance of the topic and studies which did not focus on mothers with a history of child abuse and attachment relationships were excluded.

Articles were then assessed according to the inclusion and exclusion criteria in Table 2. Studies were included if they focussed on mothers who had experienced child abuse including, physical, sexual, emotional abuse and neglect. The goal was to access studies where the maternal child abuse was intra familial in nature. Therefore, trauma that did not constitute intra-familial abuse or neglect, such as loss, were excluded from the review.

Studies were included if they adhered to the Department for Education's (2015) definition of child as being up to the age of 18. This review also focussed on the biological mothers of children in order to minimise variance due to family structure. This is because children who have been adopted or fostered have been shown to have different styles of attachment when compared to those children living with their biological families (van den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2009). Fathers were excluded from this review as there is currently limited literature on their abuse histories and impact on later father-child attachment styles.

Studies which focussed on the mother child attachment relationships were included if they focussed on attachment styles, availability or sensitivity. Studies were excluded if they focussed on other related areas, such as bonding or a broader overview of the mother child relationship.

### 1.3.2 Classification of Studies



**Figure 1. PRISMA flow chart**



The classification of studies followed the pattern set by the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) flow diagram presented in Figure 1 (Moher, Liberati, Tetzlaff, Altman & The PRISMA Group, 2009).

An initial search resulted in 2,149 Articles and two extra articles were located from article reference lists. Of these, 1,329 were duplicates, therefore these were removed from the review. A further 1,290 were removed as the topic was not relevant. Of the 39 remaining articles, 23 were removed as these did not meet the inclusion or exclusion criteria. Therefore, 16 studies were retained and used within this review.

### **1.3.3 Quality Assessment**

The quality of the 16 articles was assessed using the research critique framework (Caldwell, Henshaw & Taylor, 2005). This framework was selected due to its utility within health and care literature (Caldwell, Henshaw & Taylor, 2011). This framework scores each article on 18 different quality checks. Scores range from 0-2, with a score of 2 demonstrating that the quality standard has been met. The highest score is 36 and scores above the midpoint (18), indicate that the quality of the article is such that it can be included within the review.

In order to ensure reliability of scoring, half of the studies were randomly selected and assessed by a second coder. Inter-rater reliability was assessed using Cohens KAPPA (k). The KAPPA scores for the articles ranged from 0.443 to 0.824, suggesting good inter-rater reliability.

Overall, all 16 articles were scored as above the midpoint using the research critique framework (Caldwell, Henshaw & Taylor, 2005) and all papers were rated as being

high in quality (Appendix B). Therefore, all 16 articles were included in the literature review.

#### **1.3.4 Characteristics of Studies**

The characteristics of the studies are presented in Table 3. Four studies included Eva Moehler as an author and one study was a PhD dissertation. Six articles were conducted in Canada, five were conducted in both Germany and America. All articles adopted a quantitative design. Seven studies were longitudinal and nine were cross sectional. All but one article used mother child dyads; one article sampled the mother's relationship with more than one of her children. The age range of children varied from 1.81 months to 9 years old. Three studies did not state the age of the mother. Most mothers were aged between 20 and 43 years old, however two studies used adolescent mothers, aged 16 -18 years. There was a large range of sample size across these studies; the smallest sample included 35 mothers, whereas the largest sample size included 447 mothers. Six studies included a focus on mother child attachment relationships, 12 focussed on maternal sensitivity and six focussed on maternal availability.

**Table 3. Characteristics of Studies**

Authors, year, country, Quality Rating	Aim of study	Study Design	Sample/ Type of maternal abuse	Data collection/ materials	Method of data analysis	Main results
<p>Ensink, K., Normandin, L., Plamondon, A., Berthelot, N. &amp; Fonagy P.</p> <p>2016</p> <p>Canada</p> <p><i>Quality Rating: 27</i></p>	<p><i>Aim 1:</i> To examine the association between Reflective Functioning, parenting and child attachment style.</p> <p><i>Aim 2.</i> Examine pathways from mothers' reflective functioning to child attachment style via parental behaviours.</p>	<p><i>Design:</i> Quantitative longitudinal design</p>	<p><i>Sample:</i> 88 Mother- infant dyads participated. Mean age of mothers was 30.82 years old. Infants were aged between 6 and 16months.</p> <p><i>Type of abuse:</i> 30% of mothers experienced physical, sexual or emotional child abuse.</p>	<ul style="list-style-type: none"> <li>• Adult Attachment Interview</li> <li>• Strange Situation Procedure</li> <li>• Maternal sensitivity scale</li> <li>• Disconnected and extremely insensitive behaviour (DIP) scale</li> </ul>	<p>Correlations, t-tests and regression analysis</p>	<ul style="list-style-type: none"> <li>• No significant correlation between mothers with and without histories of abuse in maternal sensitivity (<math>r=0.18, p&gt;0.05</math>), child attachment organisation( <math>r=0.11, p&gt;0.05</math>) or attachment security (<math>r=-0.09, p&gt;0.05</math>).</li> <li>• Therefore, mothers with a history of abuse were not more likely to have children with insecure or disorganised attachment styles</li> </ul>
<p>Fuchs, A., Möhler, E., Resch, F. &amp; Kaess, M.</p> <p>2015</p> <p>Germany</p> <p><i>Quality Rating: 27</i></p>	<p><i>Aim:</i> to examine the impact of maternal child abuse on the mother's emotional availability.</p>	<p>Quantitative longitudinal design</p>	<p><i>Sample:</i> 58 mothers with a history of child abuse and 61 mothers without. Infants were aged 12 months.</p> <p><i>Type of abuse:</i> moderate to severe child physical, emotional or sexual abuse.</p>	<ul style="list-style-type: none"> <li>• Childhood Trauma Questionnaire</li> <li>• Observation of freeplay</li> <li>• Emotional Availability Scales, 3<sup>rd</sup> Edition</li> <li>• Symptom checklist Revised</li> </ul>	<p>T-tests, Mann-Whitney U test, Fisher's <math>X^2</math> test, Wilcoxon paired signs ranks test, One way repeated measures ANOVA, regression analysis</p>	<ul style="list-style-type: none"> <li>• Compared to mothers without an abuse history, mothers with a history of abuse showed significantly lower scores for emotional availability including sensitivity (<math>t(117)=-6.15, p&lt;0.001</math>), structuring (<math>t(117)=-3.29, p&lt;0.01</math>), non intrusiveness (<math>t(117)=-6.71, p&lt;0.001</math>) and non hostility (<math>t(117)=-3.90, p&lt;0.001</math>)</li> <li>• Abused mothers did not demonstrate an improvement in emotional availability over time, whereas the control group did (<math>F(1,117)=9.13, p&lt;0.05</math>)</li> </ul>

<p>Kluczniok, D. et al.</p> <p>2016</p> <p>Germany</p> <p><i>Quality Rating: 27</i> (KAPPA: 0.579)</p>	<p><i>Aim 1:</i> to explore whether sensitive parenting is effected in mothers who have remitted depression</p> <p><i>Aim 2:</i> To explore whether maternal history of child abuse has an impact on mothers with remitted depression.</p>	Quantitative cross sectional design	<p><i>Sample:</i> 99 mothers without depression (mothers mean age: 39.2 years, child mean age: 7.8years) and 89 with remitted depression (mean age of mother: 40.2years and child: 8.3 years)</p> <p><i>Type of abuse:</i> Physical, sexual, emotional child abuse and neglect and antipathy.</p>	<ul style="list-style-type: none"> <li>Emotional availability scales( 4<sup>th</sup> edition)</li> <li>MINI</li> <li>HAMD</li> <li>Childhood experience of care and abuse Interview</li> </ul>	ANCOVA and regression analysis	<ul style="list-style-type: none"> <li>Remitted mothers with histories of severe child abuse were significantly less sensitive compared to remitted mothers without childhood histories of abuse (planned contrast between rMDD without childhood abuse and rMDD and severe child abuse [<math>m=4.2(SD=0.9)</math> Vs <math>m=3.6(SD=1.2)</math>, <math>p&lt;0.01</math>, respectively]</li> <li>There were significant group differences for the subscale structuring (<math>F(1,135)=2.885</math>, <math>p=0.38</math>), however group differences were not explored.</li> <li>There was a significant difference between groups for non hostility, however planned contrasts showed that the differences lay between healthy controls without abuse and remitted mothers without abuse [<math>m=6.0(SD=0.9)</math> Vs <math>m=5.5(SD=1.1)</math>, <math>p=0.051</math>, respectively]</li> <li>There were no significant group differences for the subscale non intrusiveness, <math>F(1,135)=2.225</math>, <math>p&gt;0.05</math></li> </ul>
<p>Moehler,E., Biringem, Z., &amp; Poustka, L.</p> <p>2007</p> <p>Germany</p> <p><i>Quality Rating: 25</i> (KAPPA: 0.63)</p>	<i>Aim:</i> To explore whether maternal childhood abuse history has an impact on emotional availability	Quantitative cross sectional design	<p><i>Sample:</i> 58 mothers with a history of abuse and 61 mothers without. Parental age was unclear. Infants were aged 5 months.</p> <p><i>Type of abuse:</i> Maternal history of moderate to severe child physical or sexual abuse.</p>	<ul style="list-style-type: none"> <li>Emotional Availability Scale</li> <li>Childhood Trauma Questionnaire</li> </ul>	Chi Squared	<ul style="list-style-type: none"> <li>Mothers with a child abuse history scored significantly lower on the subscale non-intrusiveness compared to the control group (<math>X^2=6.81</math>, <math>p&lt;0.05</math>)</li> <li>No other significant differences in emotional availability and sensitivity were found.</li> </ul>

<p>Kwako, L. E., Noll, J. G., Putnam, F. W. &amp; Trickett, P. K.</p> <p>2010</p> <p>America</p> <p><i>Quality Rating: 27</i></p>	<p><i>Aims:</i> to explore the impact of maternal childhood abuse history on their child's attachment relationships.</p>	<p>Quantitative cross sectional design</p>	<p><i>Sample:</i> 16 of the sample of 35 mothers had a history of child abuse (mean age of mothers: 25.38 years). There were 26 children in the abuse group (mean age: 57.04 months) and 28 children in the control group (mean age: 53.29 months)</p> <p><i>Type of abuse:</i> Maternal sexual abuse</p>	<ul style="list-style-type: none"> <li>Experiences in Close Relationships scale</li> <li>Parenting Stress Index- Short form</li> <li>Strange Situation Procedure or the School age assessment of Attachment</li> </ul>	<p>Correlations, Chi Squared, ANOVA, MANOVA, regression analysis</p>	<ul style="list-style-type: none"> <li>No significant difference of maternal history on child attachment style, when exploring dichotomous categories of secure/insecure attachment (<math>X^2(1)=2.04, p=0.16</math>)</li> <li>When using the categories within DMM, children of mothers with a history of child abuse had fewer secure attachment styles and more extreme classifications of attachment, compared to children of mothers without abuse histories, <math>t(17)=3.23, p&lt;0.005</math>)</li> <li>Mothers who had experienced child sexual abuse had more severely insecurely attached children than those in the control group, <math>F(1,35)=7.48, p&lt;0.01</math></li> </ul>
<p>Bailey, H. N., Deoliveira, C. A., Wolfe, V. V., Evans, E. M. &amp; Hartwick, C.</p> <p>2012</p> <p>Canada</p> <p><i>Quality Rating: 29 (KAPPA: 0.497)</i></p>	<p><i>Aim 1:</i> to explore the relationship between childhood abuse and parenting difficulties</p> <p><i>Aim 2:</i> To explore aim 1 in relation to self reported and observer rated parenting difficulties.</p>	<p>Quantitative cross sectional design</p>	<p><i>Sample:</i> 93 mothers with a history of child abuse (mean age: 31.17years). Their children were aged between 4 to 6 years.(mean: 60.53 months).</p> <p><i>Type of abuse:</i> Maternal child sexual, physical, emotional abuse or neglect.</p>	<ul style="list-style-type: none"> <li>The history of maltreatment and Trauma Form</li> <li>The Childhood trauma questionnaire</li> <li>The emotional availability scales, 3<sup>rd</sup> edition</li> <li>Parenting stress Inventory</li> </ul>	<p>Correlation, factorial analysis, correlations</p>	<ul style="list-style-type: none"> <li>A history of child sexual and physical abuse was not associated with emotional availability (SA <math>r=-.13, p&gt;0.05</math>, PA <math>r=-.16, p&gt;0.05</math>).</li> <li>There was a significant negative correlation between the maternal non hostility subscale and neglect/emotional maltreatment (<math>r(82)=-0.27, p&lt;0.01</math>)</li> </ul>
<p>Gara, M. A., Rosenberg, S. &amp; Herzog, E. P.</p>	<p><i>Aim:</i> to examine how a history of child abuse</p>	<p>Quantitative cross</p>	<p><i>Sample:</i> 55 mothers with a history of child</p>	<ul style="list-style-type: none"> <li>Physical punishment scale</li> </ul>	<p>Between groups t-test,</p>	<ul style="list-style-type: none"> <li>No significant group differences in the distribution of the mother child attachment</li> </ul>

1996  America  <i>Quality Rating: 20</i> (KAPPA: 0.443)	impacts on mother's beliefs about the self and others.	sectional design	abuse (mean age: 21.2 years) and 46 mothers without a history of abuse (mean age: 21.0 years). Their children were aged 6 months or younger.  <i>Type of abuse:</i> Maternal child physical abuse	of assessing environments III <ul style="list-style-type: none"> <li>• Structured Interview</li> <li>• Beck Depression Inventory</li> <li>• Self esteem measure, by Rosenberg</li> <li>• Strange Situation Procedure</li> <li>• The Bayley Scales of Infant Development</li> </ul>	correlation analysis, ANOVA	style (* Fisher's exact test $p<0.70$ ) <ul style="list-style-type: none"> <li>• For both mothers with and without abuse histories, a secure mother child attachment was significantly related to the mother's increase in positive social perceptions *</li> </ul>
Pereira, J. et al.  2012  Canada  <i>Quality Rating: 29</i> (KAPPA: 0.64)	<i>Aim:</i> to examine whether parenting stress mediates the association between maternal history of abuse and parenting.	Quantitative cross sectional design	<i>Sample:</i> 291 mother infant dyads (mean age of mother: 33.38 years, mean age of infant: 15.9 months)  <i>Type of abuse:</i> maternal emotional, physical, sexual abuse and neglect.	<ul style="list-style-type: none"> <li>• Childhood trauma questionnaire</li> <li>• Parenting Stress Index, short form</li> <li>• Maternal behaviour Q sort, version 3.1</li> </ul>	Correctional analysis, regression analysis	<ul style="list-style-type: none"> <li>• A history of maternal abuse has an indirect impact on maternal sensitivity through its association with parenting stress. (95% bias corrected CI=-.0006 to -0.0001, <math>p&lt;0.05</math>)</li> </ul>
Pereira, J., Ludmer, J. A., Gonzalez, A., & Atkinson, L.  2018  Canada  <i>Quality Rating: 33</i> (KAPPA: 0.824)	<i>Aim 1:</i> To assess whether parenting, depressive symptoms, adult attachment style and support are mediating factors between maternal history of child abuse and child internalising and externalising	Quantitative Longitudinal design	<i>Sample:</i> 96 mother child dyads (mean age of mother: 33.75), At the two time points, the child was aged 16 months and 5 years old.  <i>Type of abuse:</i> Maternal physical,	<ul style="list-style-type: none"> <li>• Childhood trauma questionnaire</li> <li>• Experience in Close Relationships Inventory</li> <li>• Beck Depression Inventory,</li> <li>• Mutlidimensional scale of perceived social support</li> </ul>	Regression Analysis, One way ANOVA	<ul style="list-style-type: none"> <li>• Mothers with a more significant history of child abuse were significantly less sensitive to their child at 16 months, <math>t^{(*)}=-3.24, p&lt;0.01</math></li> <li>• Sensitivity was also found to be a suppressor variable as it was found to strengthen the relationship between maternal history of abuse and child internalising problems <math>t^{(*)}=4.81, p&lt;0.001</math></li> </ul>

	<p>behaviours.</p> <p><i>Aim 2:</i> to examine mediators individually and jointly to assess variance.</p>		<p>emotional, sexual abuse or neglect.</p>	<ul style="list-style-type: none"> <li>• Maternal behaviour Q sort</li> <li>• Child behaviour Checklist</li> </ul>		
<p>Stacks, A. M. et al.</p> <p>2014</p> <p>America</p> <p><i>Quality Rating:</i> 30</p>	<p><i>Aim 1:</i> To assess the relationship between reflective functioning, parenting and attachment and psychosocial and demographic risks in a sample of mothers with a history of child abuse.</p> <p><i>Aim 2:</i> to assess whether maternal sensitivity and negativity mediate the relationship between reflective functioning and child attachment, controlling for demographic and psychosocial risk.</p>	Quantitative Longitudinal design	<p><i>Sample:</i> 83 mother child dyads (mean age of mother 30.4 years, infants were aged 16 months)</p> <p><i>Type of Abuse:</i> Maternal emotional, physical, sexual abuse and neglect</p>	<ul style="list-style-type: none"> <li>• Childhood trauma questionnaire</li> <li>• Postpartum Depression screening scale</li> <li>• National Womens study PTSD module</li> <li>• Observations of freeplay and coding using MACY System.</li> <li>• Parent development Interview Revised short form</li> <li>• Strange situation Procedure</li> </ul>	Correlations, One way ANOVA, PROCESS,	<ul style="list-style-type: none"> <li>• There were no significant correlations between childhood experiences of maltreatment and attachment (<math>r=-0.07</math>, <math>p&gt;0.05</math>) or maternal sensitivity (<math>r=-0.07</math>, <math>p&gt;0.05</math>)</li> <li>• Although there were no significant group differences between childhood abuse history and child attachment styles (<math>F(*,*)=1.80</math>, <math>p=0.154</math>), it is worth noting that the authors carried out planned comparisons and found that mothers who had a history of abuse had children with significantly more avoidant than secure attachment styles (<math>M=43.89</math> (<math>SD=17.24</math>) Vs <math>M=51.75</math> (<math>SD=19.45</math>), <math>p&lt;0.05</math>, respectively.</li> </ul>
<p>Emery, J., Paquette, D., &amp; Bigras, M.</p> <p>2008</p> <p>Canada</p>	<p><i>Aim:</i> to examine predictors of mother child attachment when mothers have experienced a history of child abuse.</p>	Quantitative longitudinal design.	<p><i>Sample:</i> 138 adolescent mothers (mean age 16.89 years). Infants were aged 4 to 15 months.</p>	<ul style="list-style-type: none"> <li>• Observations of freeplay and coding using the CARE index</li> <li>• ASQ</li> <li>• EPDS</li> <li>• National Institute</li> </ul>	ANOVA, Chi squared tests, correlations, regression analysis	<ul style="list-style-type: none"> <li>• There were no significant differences in maternal history of abuse for the different infant attachment styles, <math>F(2,131)=0.81</math>, <math>p&gt;0.05</math>.</li> </ul>

<p><i>Quality Rating: 27</i> (KAPPA: 0.564)</p>			<p><i>Type of abuse:</i> Maternal physical, emotional or sexual abuse or neglect.</p>	<p>of Mental Health interview</p> <ul style="list-style-type: none"> <li>• Parenting Stress Index</li> <li>• Childhood Trauma Questionnaire</li> <li>• ICQ</li> <li>• adapted version of the ASSIS Strange Situation Procedure</li> </ul>		
<p>Mielke, E. L., Neukel, C., Bertsch, K., Reck, C., Möhler, E. &amp; Herpertz, S. C.</p> <p>2016</p> <p>Germany</p> <p><i>Quality Rating: 30</i> (KAPPA: 0.769)</p>	<p><i>Aim:</i> to investigate the relationship between maternal sensitivity and grey matter volume in mothers with and without histories of child abuse.</p>	<p>Quantitative cross sectional design</p>	<p><i>Sample:</i> 25 mothers with a history of abuse (mean age: 38.8 years) and 28 mothers without abuse histories (mean age: 39.1 years). Children's ages ranged from 5 to 12 years.</p> <p><i>Type of abuse:</i> Maternal physical or sexual abuse</p>	<ul style="list-style-type: none"> <li>• Child experience of care and Abuse interview</li> <li>• axis I and II co morbidities</li> <li>• international Personality Disorder Examination</li> <li>• observation of play coded using Emotional Availability Scales</li> <li>• Interpersonal Reactivity Index</li> <li>• MRI data</li> </ul>	<p>2 samples t test, chi squared tests, multiple regression analysis,</p>	<ul style="list-style-type: none"> <li>• Mothers with a history of abuse were significantly less sensitive than control mothers, <math>t(51)=2.08, p=0.043</math></li> <li>• Maternal sensitivity was associated with grey matter volume within regions of the cognitive empathy network (<math>p&lt;0.05</math>) and also within the posterior cingulate cortex (<math>p&lt;0.001</math>)</li> </ul>
<p>Lyons-Ruth, K. &amp; Block, D.</p> <p>1996</p> <p>America</p> <p><i>Quality Rating: 27</i></p>	<p><i>Aim:</i> to explore the association between the severity of maternal child abuse, trauma symptoms, caregiving, child emotional responses and the mother child</p>	<p>Quantitative Longitudinal design.</p>	<p><i>Sample:</i> 45 mothers with low incomes. Child aged between 18 months old and 9 years old. Mothers' age was not reported.</p> <p><i>Type of abuse:</i></p>	<ul style="list-style-type: none"> <li>• Observation of freeplay</li> <li>• Sensitivity scale</li> <li>• Covert Hostility Scale</li> <li>• Flatness of affect scale.</li> <li>• The adult attachment</li> </ul>	<p>Correlations, One way ANOVA, chi squared</p>	<ul style="list-style-type: none"> <li>• Overall, as maternal history of abuse increased, the mother's involvement with her child decreased significantly (<math>r=-0.33, p&lt;0.05</math>)</li> <li>• Low maternal involvement was significantly correlated with the severity of maternal history of sexual abuse (<math>r=-0.35, p&lt;0.05</math>), but not neglect (<math>r=-0.05, p&gt;0.05</math>), witnessing violence, (<math>r=-0.22, p&gt;0.05</math>) or physical abuse</li> </ul>



	attachment relationship in a sample of low income mothers		Maternal neglect, sexual abuse, physical abuse or emotional abuse (witnessing violence)	interview with added questions from Antecedent Experiences Questionnaire <ul style="list-style-type: none"> <li>• The Mississippi Scale for PTSD.</li> <li>• Dissociative experiences scale</li> </ul>		$(r=-0.26, p>0.05)$ . <ul style="list-style-type: none"> <li>• Severity of sexual abuse was significantly associated with length of time mothers are present with the child (<math>r=0.32, p&lt;0.05</math>) and disengagement with the child (<math>r=0.30, p&lt;0.05</math>).</li> <li>• Severity of trauma was not significantly associated with child attachment (<math>\chi^2(2, n=41)=2.22, p&gt;0.05</math>)</li> <li>• Mothers with a history of neglect were more likely to have children with organised attachment and less likely to have disorganised (Fisher's Exact Test (<math>N=24</math>) <math>p=0.05</math>, <math>\Phi=0.41</math>) or secure attachment styles (Fisher's Exact Test (<math>N=20</math>), <math>p=0.01</math>, <math>\Phi=0.63</math>).</li> </ul>
Ensink, K., Rousseau, M-E., Biberdzic, M., Bégin, M. & Normandin, L.  2017  Canada  <i>Quality Rating: 29</i>	<i>Aim 1:</i> To explore whether negative maternal behaviours impacted on reflective functioning, identity diffusion, reality testing and primitive defences.  <i>Aim 2:</i> to test aim 1 in a group of mothers with a history of child abuse.	Quantitative cross sectional study.	<i>Sample:</i> 86 mother child dyads (mean age of mother: 30.82 years) Children were 14 to 16 months old.  <i>Type of abuse:</i> 27 mothers had a history of child sexual, emotional, or physical abuse.	<ul style="list-style-type: none"> <li>• Adult attachment Interview</li> <li>• Inventory of Personality Organization</li> <li>• Disconnected and Extremely Insensitive Parenting.</li> <li>• Telephone Interview to assess history of abuse.</li> </ul>	MANCOVAs	<ul style="list-style-type: none"> <li>• There was no significant difference in insensitive parenting between mothers with a history of abuse and mothers without this history (<math>p&gt;0.05</math>)</li> </ul>
Fuchs, A., Moehler, E., Resch, F. & Kaess, M.  2017  Germany	<i>Aim:</i> to explore the adrenocortical attunement in mothers and their child in relation to maternal child abuse history.	Quantitative cross sectional design	<i>Sample:</i> 37 mother child dyads with maternal histories of abuse (mean age of mother: 36.47 years) and 45 mother child	<ul style="list-style-type: none"> <li>• Childhood Trauma Questionnaire</li> <li>• Emotional Availability Scales, 3<sup>rd</sup> Edition</li> <li>• mother and child</li> </ul>	Correlations, regression analysis, PROCESS	<ul style="list-style-type: none"> <li>• Maternal sensitivity was associated with a significant relationship between mother and child cortisol levels.</li> <li>• Mothers with an abuse history were significantly less sensitive than mothers without this history (<math>t(80)=-3.65, p&lt;0.01</math>)</li> </ul>

Quality Rating: 31			<p>dyads without maternal abuse histories (mean age of mother: 34.48 years). The child was aged 3 years.</p> <p><i>Type of abuse:</i> Maternal physical, sexual, emotional abuse and neglect.</p>	<ul style="list-style-type: none"> <li>saliva samples</li> <li>Symptom Checklist 90 Revised</li> </ul>		<ul style="list-style-type: none"> <li>There were significant group differences in the subscales of intrusiveness (<math>t(80)=-5.26</math>, <math>p&lt;0.01</math>) and non hostility (<math>t(80)=-2.40</math>, <math>p&lt;0.05</math>) on the emotional availability scales.</li> <li>There were no significant group differences on the structuring subscale (<math>t(80)=-1.77</math>, <math>p&gt;0.05</math>)</li> </ul>
<p>Bartlett, J. D.</p> <p>2012</p> <p>America</p> <p>Quality Rating: 28</p>	<p><i>Aim:</i> to understand the relationship between maternal history of abuse and risk of neglect in children within a sample of young mothers.</p>	Quantitative Longitudinal Design	<p><i>Sample:</i> 447 mothers and their children (mean age of mothers: 18.73 years, Mean age of child: 11.95 months)</p> <p><i>Type of Abuse:</i> Maternal physical, emotional, sexual abuse and neglect</p>	<ul style="list-style-type: none"> <li>Family Resource Scale</li> <li>Abuse history from Massachusetts Department of Children and Families</li> <li>Conflict Tactics Scale – Parent-Child Version, Adult-Recall</li> <li>Parental Bonding Instrument</li> <li>The Personal Network Matrix</li> <li>Emotional Availability Scales</li> <li>Adult-Adolescent Parenting Inventory</li> </ul>	Correlation, T test, regression analysis	<ul style="list-style-type: none"> <li>There was no significant correlation between maternal abuse history and sensitivity (<math>p&gt;0.05</math>)</li> <li>When compared to mothers without an abuse history, mothers with this history were less sensitive</li> <li>For mothers with a history of abuse, older age at birth was significantly associated with a decreased maternal sensitivity (<math>B = -0.38</math>, <math>p = .01</math>).</li> </ul>

\* Statistical results not reported

## **1.4 RESULTS**

The results from this systematic review of the literature will be organised around the three research questions which make sense of mother-child attachment relationships in terms of: attachment styles, maternal physical and emotional availability and maternal sensitivity.

### **1.4.1 How does a history of childhood trauma amongst mothers, impact on attachment styles with their children?**

Six studies investigated the relationship between a maternal history of childhood trauma and their child attachment styles (Kwako, Noll, Putnam & Trickett, 2010; Gara, Rosenberg & Herzog, 1996; Emery, Paquette & Bigras, 2008; Lyons-Ruth & Block, 1996; Ensink, Normandin, Plamondon, Berthelot & Fonagy, 2016). These studies were understood in terms of four attachment styles: secure, insecure (ambivalent and/or avoidant) and disorganised attachments (Ainsworth, 1985).

These studies were quantitative and employed either a cross-sectional or longitudinal design. All studies used the Strange Situation procedure (Ainsworth, Blehar, Waters & Wall, 1978). The samples of mothers used in the studies differed across a range of parameters including age, severity and types of abuse experienced (physical, sexual, emotional or neglect). Three studies also used control groups comprising of mothers with no history of childhood abuse (Gara et al., 1996; Kwako et al., 2010; Ensink et al., 2016).

The results suggest that there is no relationship between mothers who had experienced childhood abuse and their child's attachment style, with five out of six studies reporting non-significant results. This finding holds irrespective of the age of

the mothers (Emery, Paquette & Bigras, 2008), the severity of the abusive history experienced (Lyons-Ruth & Block, 1996) and holds if attachment was measured using dichotomous variables (Kwako et al., 2010).

This non-significant association could be explained in terms of intervening variables that may mediate the relationship between maternal history of abuse and the mother child attachment relationship (Emery et al., 2008). Thus, strong or positive social connections (e.g. with peers, family and society) can help fortify the mother's level of resilience and help to strengthen her own internal working model. In the longer term, Emery et al. (2008) suggest that these mediators may help reduce the intergenerational transmission of the effects of maternal child abuse. This conclusion also seems to have been supported by the findings from Gara et al.'s (1996) study which noted that a mother's positive social perceptions were significantly related to secure child attachment relationships, independent of any maternal history of abuse.

However, a more in-depth assessment of the findings suggests that the child's attachment style with their mother may vary according to the mother's particular type of childhood abuse. Lyons-Ruth & Block (1996) found that mothers who had been neglected as a child (as opposed to physically, sexually or emotionally abused) were less likely to have children with secure and organised attachments, but instead were more likely to have anxious and avoidant attachment styles. It was also noted that where mothers had experienced violent forms of physical abuse, their children were more likely to have a disorganised attachment style when compared to a control group of mothers with no history of violence (Lyons-Ruth & Block, 1996). Mothers with a history of either sexual, physical, emotional abuse or neglect were also found to have children with significantly more insecure avoidant than secure attachment

styles (Stacks et al., 2014). It also appears that mothers with histories of violence involving sexual abuse (relative to control groups with no history of abuse) tended to have children with less secure and more extreme insecure attachment styles (Kwako et al., 2010). Moreover, the more extreme instances of insecure attachment strategies noted by Kwako et al. (2010) seem to be characterised by aggressiveness and/or feigned helplessness (pretending to be overwhelmed by interpersonal responsibilities) (Crittenden, 2001).

#### **1.4.2 How does a history of childhood trauma amongst mothers, impact on availability for their children?**

Six studies have investigated the relationship between a history of childhood trauma and maternal physical availability (Lyons-Ruth & Block, 1996) or emotional availability (Fuchs, Mohler, Resch and Kaess, 2015; Moehler, Biringem and Poustka, 2007; Fuchs, Moehler, Resch & Kaess, 2017; Kluczniok et al. 2016; Bailey, Deoliveira, Wolfe, Evans & Hartwick, 2012). This construct of availability may interact with maternal sensitivity; the mother may need to be available to her child in order to sensitively interpret the meaning behind their behaviour.

These studies were quantitative and employed either a cross-sectional or longitudinal design. Five of the six studies used the Emotional Availability Scales (Biringen, Robinson, & Emde, 1998). This measures four maternal sub-scales of emotional availability, namely: Sensitivity, Structuring (the ability to provide guidance, structure and appropriate boundaries to their child), Intrusiveness (the tendency to interfere and over-direct their child's activities) and Emotional hostility (where interactions tend to be dominated by highly expressed emotions) (Biringen,

Derscheid, Vliegen, Closson & Easterbrooks, 2014). The samples of mothers used in the studies differed across a range of parameters including age, and severity and types of abuse experienced (physical, sexual, emotional or neglect). Four studies also used control groups comprising of mothers with no history of childhood abuse (Klucniok et al., 2016; Moehler et al., 2007; Fuchs et al., 2015; Fuchs et al., 2017).

While one early study noted a positive association between an increasing history of abuse and greater physical maternal detachment (Lyons-Ruth & Block, 1996), the remaining five studies examined the psychological construct of emotional availability. Of these five studies, the results were equivocal.

In order to provide a deeper understanding of these results, the subscales within the emotional availability scale were focussed upon. Three out of five studies found that despite their history of abuse, mothers were still able to provide positive guidance, maintain a supportive family structure and set appropriate boundaries for their children (Bailey et al., 2012; Moehler et al., 2007; Fuchs et al., 2017). In one study, that concluded this not to be the case, it was noted that this could have been the result of mediating factors, particularly levels of psychological distress (Fuchs et al., 2015). Although Kluczniok et al. (2016) found significant group differences in mothers' ability to provide structure and guidance, they did not explore these group differences. Therefore, it is not possible to understand where these differences lay.

However, the complexities underlying attachment issues are evident from three of the five studies which found that the nature of maternal availability was often dysfunctional, and intrusive; mothers often inhibited their child's development through over-directing or interfering, rather than encouraging the independent completion of tasks (Fuchs et al., 2015; Moehler et al., 2007; Fuchs et al., 2017).

Furthermore, three of the five studies found that having a history of abuse increased the likelihood of mothers engaging in hostile interactions with their children (Fuchs, et al., 2017; Bailey et al., 2012; Fuchs et al., 2015). One possible reason for this is that victims of child abuse tend to experience difficulties regulating their own emotions which may, at times, affect their ability to attend to the emotional needs of their child (Biringen, Derscheid, Vliegen, Closson & Easterbrooks, 2014). The other two studies that looked at the relationship between a history of abuse and hostility did not find a significant association (Kluczniok et al., 2016; Moehler et al., 2007). These studies suggest that the relationship may be moderated by the severity of depression experienced by the mother.

#### **1.4.3 How does a history of childhood trauma amongst mothers, impact on sensitivity towards their children?**

Twelve studies investigated the relationship between a history of childhood trauma and maternal sensitivity (Fuchs, Moehler, Resch & Kaess, 2017; Fuchs, Möhler, Resch & Kaess, 2015; Moehler, Biringen & Poustka, 2007; Kluczniok et al., 2016; Ensink, Rousseau, Biberdzic, Bégin & Normandin, 2017; Bartlett, 2012; Bailey, DeOliveira, Wolfe, Evans & Hartwick, 2012; Ensink, Normandin, Plamondon, Berthelot & Fonagy, 2016; Mielke, Neukel; Bertsch, Reck, Möhler & Herpertz, 2016; Stacks et al., 2014; Pereira et al., 2012; Pereira, Ludmer, Gonzalez & Atkinson, 2018). This construct focuses on the mother's ability to make sense of the meanings behind her child's behaviour and respond appropriately to those needs (Ainsworth, 1969). These studies were quantitative and employed either a cross-sectional or longitudinal design. Several scales have been developed in order to

measure maternal sensitivity; seven studies used the Emotional Availability Scale and two used the Maternal Q Sort (Pederson et al., 1990). Other scales employed included: the Disconnected and Extremely Insensitive Parenting scale (see Ensink et al., 2017), the MACY Coding System (see Stacks et al., 2014) and the Ainsworth Sensitivity Scale (Ainsworth, Bell, & Stayton, 1974). The samples of mothers used in these studies differed across a range of parameters including age, and severity and types of abuse experienced (physical, sexual, emotional or neglect). Nine studies also used control groups comprising of mothers with no history of childhood abuse (Fuchs et al., 2017; Fuchs et al., 2015; Moehler et al., 2007; Klucniok et al., 2016; Ensink et al., 2017; Bartlett, 2012; Ensink et al., 2016; Mielke et al., 2016; Pereira et al., 2018).

Overall, the findings are equivocal. Six studies found non-significant results which suggest that there is no association between mothers with a history of childhood abuse and their ability to react in a sensitive way towards their children. Conversely, a group of four similar cross-sectional studies, using the Emotional Availability scale and a control group of mothers without a history of abuse, suggest that there is indeed a significant negative relationship (Mielke et al. 2016; Kluczniok et al, 2016; Fuchs et al., 2015; Fuchs et al., 2017); mothers with a history of abuse were significantly less sensitive than mothers without this history. This relationship has been linked with physiological responses; low maternal sensitivity is associated with significant synchrony between mother and child cortisol levels (Fuchs et al., 2017). Furthermore, studies reporting non-significant results did note the possibility that abused mothers tended to be generally less sensitive when compared to control groups of mothers without a history of abuse (Bartlett, 2012).



Four studies investigated the possibility that various intervening factors may be distorting the relationship between mothers' history of childhood abuse and their levels of maternal sensitivity. In particular, Pereira et al. (2012) found that parental stress (resulting from psychological distress and dysfunctional interactions between the parent and child) appeared to mediate the relationship in a significant way and was considered as more important than childhood abuse in lowering levels of maternal sensitivity. Other studies have noted that the severity of the mothers' abusive history could act to moderate the relationship with maternal sensitivity. Kluczniok et al. (2016) noted that mothers who had experienced severe histories of physical or sexual abuse, as opposed to mothers without a history of abuse, tended to be significantly less sensitive towards their children (see also Pereira et al., 2018). Mediating factors such as depression, PTSD and psychological distress experienced by the mother (possibly as a result of childhood abuse) have been shown to be significant factors in lowering levels of maternal sensitivity (Kluczniok et al, 2016; Stacks et al, 2014; Fuchs et al., 2015). It has also been suggested that low levels of maternal sensitivity may be the result of physiological abnormalities. As such, studies have shown that in mothers with a history of abuse, their levels of sensitivity towards their children were associated with unusual levels of 'grey matter' volume in regions associated with cognitive empathy and emotional processing (Mielke et al., 2016).

The equivocal nature of these findings could in part be explained by that fact that the 12 studies employ a variety of research designs and data collection measures, which makes it difficult to make sense of the results in a comparative way. Studies used an observational approach in which the mother's interaction with their child during 'free-play' was observed. However, the nature of these observations and the period

of time in which observations took place differed across studies. This was the case even amongst studies using the same measures, such as the Emotional Availability scale. Furthermore, as these studies have considered sensitivity either as a standalone concept or as part of emotional availability, it is difficult to establish whether the definition is consistent throughout the literature.

## **1.5 DISCUSSION**

### **1.5.1 Overview of findings**

This literature review focussed on understanding the impact of maternal history of abuse on the mother child attachment relationship. Although the literature does not present a clear understanding of this relationship, it does suggest that the child attachment style is not necessarily influenced by a maternal history of abuse. This would suggest that the child's perception of the mother as a source of safety and the development of the child's internal working model is not predetermined by the mother's abuse history. This is encouraging as it promotes the notion that the cycle relating to the intergenerational impact of abuse (e.g. Pears & Capaldi, 2001) can be broken. There are a variety of reasons why this cycle may be broken. Research has found that maternal experiences of supportive, positive and trusting relationships act as mediating or moderating factors that break this intergenerational transmission (Jaffee et al., 2013). It is possible that the mother's positive experiences impact on her internal working model, providing new understandings of the self in relation to others. It is also possible that mothers with abuse histories may actively seek out parenting methods in order to avoid intergenerational transmission of the effect of abuse.

When considering maternal availability and sensitivity, the results are less clear. It is possible that this lack of clarity may reflect an interaction between the two constructs, for example, mothers who are less available may be less likely to be sensitive in their interactions with their child. It is also evident from the research that a number of mediating factors may distort the mother-child relationship (Hugill, Berry & Fletcher, 2017). These findings suggest that a history of child abuse in mothers may act as a distal influence on maternal relationships, which are more likely to be governed by immediate proximal circumstances such as depression, trauma and parental distress. Therefore, further research is required to understand the relative impact of mediating factors, particularly as poor mother child attachment relationships could be harmful to the child, resulting in negative outcomes, such as depression, a reduction in language development and poor intellectual functioning (Thomas et al., in press; Clincy & Mills-Koonce, 2013).

### **1.5.2 Clinical Implications**

Although the results of this review are unclear, there exists a potential for a reduction in availability and sensitivity in mothers with a history of child abuse. If this is the case, it may have an impact on the child's behaviour within school settings (Thomas et al., in press; Clincy & Mills-Koonce, 2013). It would be beneficial, therefore, for teachers to receive training on attachment difficulties and how these are displayed within school settings so that teaching staff can better understand the function of these behaviours and how to respond in a consistent and beneficial way. This may help the child to develop an alternative working model of relationships, for example, efforts to show the child they are held in mind may impact on their own sense of value.

With regard to the mother's wellbeing, it is acknowledged that many adults who have experienced child abuse seek therapy. Given this, it would be important to hold in mind the role of therapist as a representation of the individuals' attachment figure (Bowlby, 1988). Having an awareness of the transference, countertransference and pulls to re-enact past relationships within the therapy room may provide a useful insight into the mother's relationships with others, including her children, outside the therapy room. Furthermore, given the findings of this review, it may be beneficial for mental health services to sensitively consider proximal issues as an initial intervention, rather than distal ones, such as abuse history.

With regard to developing understanding within current clinical interventions, a "Fostering Attachments" group, which was developed by Golding (2006), is currently being offered in many NHS and private child psychology services for parents who have children with insecure attachment styles. This literature review provides new developments in how mothers who attend the group may be perceived; for these mothers, the attachment with their child cannot be solely understood in terms of the mothers' relationship with her own past abuse. Instead, an awareness of the mother's current issues, and providing signposting for support services for these, may aid the mother in being able to utilise some of the techniques, such as PACE, taught in the "Fostering Attachments" group (Golding, 2006; Golding & Hughes, 2012).

### **1.5.3 Limitations and Future Research**

This literature review only focuses on the attachment relationship between mothers and their children. As there is currently little research on the impact of paternal child abuse on the father's attachment relationship with his child, it was not possible to

include this in the review. Therefore, future research would benefit from exploring this relationship, particularly as fathers may be the child's main caregiver.

This review focused on intra-familial child abuse, i.e. abuse which occurred within the family environment. As previously discussed, child abuse can also be extra-familial in nature, i.e. carried out by trusted individuals outside the family or within institutions. It would therefore be beneficial that future research gives more consideration to the impact of different forms of abuse on the mother child attachment relationship. This appears important due to the potential impact of the perpetrator on attachment relationships. In order for this to happen, research needs to make explicit the nature of the child abuse, e.g. whether the perpetrator is from within the family, when discussing their population sample.

It is acknowledged that some of the authors of the included papers had involvement in multiple studies (e.g. Ensink, Fuchs and Moehler). It is possible, therefore, that these studies may have selected their sample from the same participant pool. This could lead to skewed interpretations of the overall findings, resulting in a review which may not be generalisable as it may not accurately reflect the overall population of mothers with an abuse history.

Furthermore, this review focussed on quantitative studies. Given the unclear findings, particularly in relation to maternal availability and sensitivity, it is possible that quantitative methods are not sensitive enough to fully understand the complex relationship between maternal abuse history and the mother child attachment. Given this, future research should employ qualitative methods as this may help to understand the impact of some mediating factors, such as depression, PTSD and parenting stress, on the mother child attachment relationship. Furthermore, an

interpretative phenomenological analysis approach would enable a deeper understanding of the meaning attributed to the mother's attachment relationship with her child, helping to understand the relative impact of proximal and distal issues.

### **1.6 Conclusion**

This review has attempted to understand the impact of maternal child abuse history on the mother and child attachment relationship by focussing on attachment style, maternal availability and sensitivity. While the literature does not provide a clear understanding of this relationship, there are various factors which may mediate the relationship between maternal abuse history and the mother child attachment relationship. This highlights the importance of gaining further insight into the proximal factors which may influence attachment relationships. Furthermore, the lack of consistency within the findings suggests that further research is needed in order to develop a clearer understanding of the relationship between maternal abuse history and the mother child attachment relationship.

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## **Chapter II: Empirical Paper**

### **Understanding the Experiences of Young People who have been Cyberbullied**

Word count: 7,065



## 2.1 ABSTRACT

**Background:** The development of social media sites and online forums has encouraged new avenues through which bullying can occur. These emerging forms of technology assisted violence are often referred to as ‘cyberbullying’, which enables bullying to become a 24-hour experience that invades both public and private spaces. Quantitative studies have shown that young people victimised through cyberbullying can suffer significant psychological distress, such as: depression, low self-esteem, loneliness, and suicide.

**Aim:** This qualitative study aims to gain a more in-depth understanding of these psychological consequences through investigating the question: What are young people’s experiences of psychological distress as a result of being victimised through cyberbullying?

**Method:** Using interpretative Phenomenological Analysis (IPA), 7 participants aged between 13 and 15 from 3 schools in England were interviewed about their experiences of being cyberbullied.

**Results:** Two superordinate themes were identified: *Transition of the self* describing changes in self-identity over time and the potential for recovery and, *Being “in a dark room”* reflecting feelings of deep rooted psychological turmoil and an overwhelming sense of feeling trapped.

**Discussion:** This research demonstrates the impact of cyberbullying on both emotional and cognitive processes of young people. Importantly, this research also identifies the change and growth in self-identity over time as a consequence of cyberbullying. In addition, implications for the wider system, particularly regarding the implementation of support in order to enable development of a child’s resilience, are discussed.

## 2.2 INTRODUCTION

### 2.2.1 Defining Cyberbullying

It has been widely acknowledged that the nature of bullying has changed as technology has become a more integral and established means of communication (NSPCC, 2013). Development of social media sites and online forums has encouraged new avenues through which bullying can occur, for example creating ‘fake’ online profiles and revenge porn (Ministry of Justice, 2015; Hinduja & Patchin, 2014).

This new form of bullying has been termed technology assisted violence or cyberbullying and has been defined by Smith et al. (2008, p.376) as: *“an aggressive, intentional act carried out by a group or individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or herself”*. There is no legal definition of cyberbullying (The Children’s Society and Young Minds, 2018), which may lead to inconsistencies in how the term is understood. Within the literature, there is an ongoing debate regarding the key characteristics and defining features of cyberbullying (Olweus & Limber, 2018; Marczak & Coyne, 2016), including how power imbalance, intention and repetition are understood (Marczak & Coyne, 2016). Smith et al. (2008) discuss frequency as a defining feature of cyberbullying, however Marczak and Coyne (2016) argue that a single act, such as posting online or creating a false profile, may in fact be classed as cyberbullying. In this case, it is possible for a wide audience to repeatedly access the online material which may cause continual harm to the individual targeted (Marczak & Coyne, 2016). As with more traditional forms of bullying, the definition of cyberbullying is subjective; it is dependent on the victim’s perception and interpretation of their experience.

### **2.2.2 Comparisons between Cyberbullying and Traditional Bullying**

Social Identity Theory (Duffy & Nesdale, 2009) can provide an understanding of how bullying may occur within the context of preserving a positive social identity. This theory suggests that individuals are motivated to belong to a group which is seen as superior or more desirable than others. This may, therefore, explain the pressure some individuals are placed under to engage in acts of bullying in order to preserve their place within the social group.

This theory acknowledges the wider social context within which either traditional or cyberbullying may occur. However, many differences exist between the nature of cyberbullying and traditional bullying. Traditional bullying exposes the identity of the perpetrator and this direct social contact enables an exchange of cues and emotional responses between the perpetrator and victim. This interaction can, therefore, support the regulation of the perpetrator's behaviours.

However, bullying through online technology increases anonymity, enabling the perpetrator's identity to be hidden or protected behind a screen. This may lead to a sense of helplessness or powerlessness within the victim. The lack of direct social contact limits the bully's capacity for monitoring the impact their actions as the victim's emotional responses cannot be seen (Hinduja & Patchin, 2014). This has been shown to result in the perpetrator feeling unrestricted in what they say (Hinduja & Patchin, 2014).

Another fundamental difference between cyberbullying and traditional bullying is in the time and space it occupies. For many children, traditional bullying often occurs within the school playground. This both contains the bullying and also provides the child with places where they can feel safe, such as the home environment. However,

technology has enabled bullying to become a 24 hour experience that invades both public and private spaces (Betts & Spenser, 2017). Therefore, victims of cyberbullying are unable to escape their experiences.

Both traditional and cyberbullying have been shown to have a psychological impact on the victims, through reducing self esteem and increasing anxiety, depression and stress (Fredstrom, Adams & Gilman, 2011). However, Bonanno and Hymel (2013) found that cyberbullying victimisation predicted depressive symptoms beyond that of traditional bullying. It is possible, therefore, that the nature of cyberbullying may play a role in strengthening the negative cognitive beliefs about the self. This highlights the need to further understand individuals' experiences of cyberbullying.

### **2.2.3 Young people and the Prevalence of Cyberbullying**

The World Health Organisation (2014) recognises the differing definitions and terms used to define young people, which include youth and adolescents. They define young people as aged between 10 and 24, a definition which encompasses both terms 'child' and 'adolescent'.

A significant part of childhood now includes life online, with an estimated 61% of children creating social media accounts before the age of 13 (The Children's Society and Young Minds, 2018). At a young age, children are exposed to the double-edged sword that is technology, which gives both opportunities for connectedness and growth, but also the potential for harm. Prevalence rates for the United Kingdom show that cyberbullying is experienced at least once a month by 29% of young people, with 16% at least once a week (Ditch the Label, 2017); a rise from 11% in 2006 (Marczak & Coyne, 2016). Furthermore, between 2016 and 2017, there was a 12% increase in counselling sessions regarding cyberbullying (NSPCC, 2017).

These statistics reflect current growth rates and highlight the increasing need to understand and support young people who have experienced cyberbullying.

#### **2.2.4 The Psychological Impact of Cyberbullying on Young People**

There have been many quantitative studies which have shown that cyberbullying victimisation in young people is associated with increased symptoms of depression (Bonanno & Hymel, 2013; Erdur Bakera & Tanrikulu, 2010; Landstedt & Persson, 2014; Chang et al., 2013; Schneider, O'Donnell, Stueve & Coulter, 2012). Schneider et al. (2012) found that 33.9% of young people who were victims of cyberbullying experienced symptoms of depression. Research has also shown that young people who had experienced cyberbullying victimisation were more likely to have suicidal thoughts and they were 1.9 times more likely to have attempted suicide compared to people who have not experienced cyberbullying (Hinduja & Patchin, 2010).

Therefore, such findings suggest that the psychological impact of being a victim of cyberbullying could be associated with life threatening consequences (Bonanno & Hymel, 2013).

There is also evidence to suggest that cyberbullying victimisation is associated with how the 'self' is perceived, particularly in relation to self-esteem (Brewer & Kerslake, 2015; Patchin & Hinduja, 2010; Brighi et. al., 2012), with cyber-victims having significantly lower self-esteem compared to those who have not experienced cyberbullying (Patchin & Hinduja, 2010).

Given the impact of cyberbullying victimisation on mental health, it is unsurprising that research also highlights the impact of cyberbullying on social connectedness. Brighi et al. (2012) suggest that the lack of connection with parents and peers increases with the severity of cyberbullying victimisation. Similarly, Spears, Taddeo,

Daly, Stretton and Karklins (2015) reported that victims of cyberbullying were significantly less likely to feel socially connected compared to those who did not experience cyberbullying. Brewer and Kerslake (2015) also found a significant positive correlation between cyberbullying and loneliness.

There appears to be few in-depth qualitative studies investigating the psychological experience of young people who have been cyberbullied. Ortega et al. (2012) aimed to understand the emotional experiences associated with cyberbullying and found that the highest reported emotion in children who had reported cyberbullying in England was anger followed by feeling upset. Key themes have started to emerge from the limited qualitative research which has explored cyberbullying in young people, including vulnerability and fear, mistrust of others and technology, self-esteem, exploration of emotional responses and frustration arising from self-blame (Rivituso, 2014). Furthermore, research on young peoples' lived experience of cyber-victimisation through Facebook found key themes relating to initial reactions, feelings and responses, such as telling others (Selby, 2017).

### **2.2.5 Rationale and Aim**

The Children's Society and Young Minds (2018) highlight that the majority of the current research focusing on cyberbullying and mental health is associative in nature. The cross-sectional nature of many studies (e.g. Ortega et al., 2012; Bonanno & Hymel, 2013) result in generalised statements about being victimised, but such research designs fail to provide a more in-depth understanding of how cyberbullying is experienced over time and the meanings attributed to those experiences.

Qualitative studies, using thematic analysis, have been conducted in order to explore perceptions of cyberbullying in teachers and young people (Marczak & Coyne, 2016) and in non-profit organisations (Marczak & Coyne, 2015). However, qualitative analysis of lived experience of cyber-victimisation is relatively unexplored within the literature. One study by Rivituso (2014) used interpretative phenomenological analysis (IPA) to gain an in depth understanding of lived experiences of cyber-victimization of US college students and another study in England focussed on the victim's experiences of cyberbullying through Facebook (Selby, 2017). The current research aims to add to this limited qualitative literature by investigating young people's lived experiences of cyberbullying irrespective of the types of technology used. Specifically, the current study aims to answer the following question: What are young people's experiences of psychological distress as a result of being victimised through cyberbullying?

## **2.3 METHODOLOGY**

### **2.3.1 Researcher's Position**

The researcher adopted a social constructivist stance, a position which fits with the nature of this research. This position describes each individual's reality as subjective, built upon previous experiences and beliefs (Darlaston-Jones, 2007). Whereas, the positivist view suggests the researcher is objective and independent of the research, a social constructivist stance holds the view that both the participants and researcher bring their own subjective reality to the research (Darlaston-Jones, 2007).

Considering reflexivity, as suggested by Mays and Pope (2000), helps to understand the impact of the subjective views of the researcher on the research. Prior to

conducting interviews, a bracketing interview was carried out, which encouraged an awareness of the researcher's personal biases and preconceived ideas. This awareness helped the researcher to separate personal biases from participant-driven interpretations of the data.

### **2.3.2 Research Design**

This research adopted a qualitative approach using IPA as the method of analysis; it uses an ideographic approach and allows for in-depth exploration of how an individual attributes meaning to their experience (Smith, Flowers & Larkin, 2009). This is enabled through using a small sample which allows for more in-depth analysis and understanding (Smith et al., 2009). Other qualitative methods of analysis, such as grounded theory, aim to add to a theoretical framework and theory (Smith et al., 2009). IPA is being used more frequently to understand psychological distress (Smith et al. 2009) and as the aim of this research is focused on understanding the participant's interpretation and meaning of their psychological experiences without aiming to add to a theoretical framework, IPA was considered an appropriate approach.

### **2.3.3 Participants**

#### **2.3.3.1 Inclusion and exclusion criteria.**

Participants were selected based on the inclusion and exclusion criteria shown in Table 1 below:



**Table 1. Inclusion and Exclusion criteria.**

<b>Context</b>	<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>
<b>Previous victim status</b>	Young people who have been a victim of cyberbullying within the last 3 years	Young people who have never been a victim of cyberbullying or were cyberbullied more than 3 years ago
<b>Age</b>	Young people are between the ages of 13-18	Young people who are below age 13 or above age 18.
<b>Current victim status</b>	The young person has not been a victim of cyberbullying for the past 1 month	Young people who have experienced cyberbullying within the past month
<b>Nature of the bullying</b>	Technology is the principle source of the bullying	Technology is not viewed by the young person as an important source of bullying.
<b>Psychological or Developmental disorders</b>	Participant does not have a diagnosed mental health or developmental diagnosis (e.g. LD, ASD)	Participant has a diagnosed mental health or developmental diagnosis (e.g. LD, ASD)
<b>Gender</b>	Male and Female	Transgender

Participants were selected if they had experienced cyberbullying within the past 3 years and had not experienced cyberbullying within the past month. This enabled participants to reflect on the meaning of their experiences as well as controlling for recollection difficulties as a result of time lapse. Participants between 13 and 18 years were included as Price and Dalgleish (2010) suggest cyberbullying victimisation peaks at age 13 to 14. Furthermore, The Children’s Society and Young Minds (2018) suggest that children aged 13 to 15 years are more likely to report cyberbullying than older children or children aged 11-12. In fact, children aged 11-12 years were least likely to report cyberbullying in a sample of young people aged 11 to 20 years (The Children’s Society & Young Minds, 2018). Given this, and that

younger children may have a less established capacity to reflect, participants were 13 years or older in this research.

Previous literature yields mixed results regarding the likelihood of cyberbullying in males and females. Although the Department for Education (2016) stated that females are more likely to experience cyberbullying compared to males, research does not suggest that gender influences the psychological experience of cyberbullying (Patchin & Hinduja, 2010; Schenk & Fremouw, 2012). Therefore, both males and females were included in this research.

Cross, Piggin, Douglas and Vonkaenel-Flatt (2012) found that children who had special educational needs were 12% more likely to be a victim of cyberbullying than children without special educational needs. Therefore, in order to obtain a homogenous sample, participants diagnosed with a mental health problem or developmental delay were excluded from the research. Reasons for cyberbullying vary and can include hate crime, sexuality or disability and participants were not excluded based on the reason for cyberbullying.

### **2.3.3.2 Sample Population**

As suggested by Smith et al. (2009), an IPA approach involves an in depth understanding of meanings attributed to experiences within a small homogeneous sample, which allows for a focus on participant similarities and differences. In accordance with recommendations by Smith et al. (2009), this research aimed to recruit 10 participants. The final sample consisted of 7 participants based on the exclusion and inclusion criteria shown in Table 1. See Table 2 for participant characteristics.

**Table 2. Participant Characteristics**

<b>Pseudo-name/ Gender</b>	<b>Age/ School Year</b>	<b>Ethnicity</b>	<b>Traditional bullying prior to/during Cyberbullying?</b>	<b>Number of cyberbullying incidents</b>	<b>Type of technology used</b>
Charlie/ Male	15/11	British	Yes	One	Instagram, Facebook
Alex/ Female	14/9	British	Yes	One	Text messages
Sam/ Female	14/9	British	No	One	Whats App
Chris/ Female	15/10	British	Yes	One	Snapchat
Jamie/ Female	15/10	British/ Asian	Yes	Two	Facebook and Snapchat
Bailey/ Female	13/9	British	Yes	Three	Text messages, Snapchat and Instagram
Morgan/ Female	14/10	Irish	Yes	Multiple (unclear)	YouTube, Text messages

### **2.3.4 Procedure and Materials**

#### **2.3.4.1 Ethical procedure.**

This research adhered to the British Psychological Society's (2014) code of ethics. Ethical approval from Coventry University was granted before the research was conducted (Appendix C). Confidentiality and potential for harm were addressed through the information sheets (Appendix F) and discussions with the participant prior to interviewing. A debrief sheet provided details of support services, should these be required (Appendix H). Informed consent was also obtained from the parent and participant (Appendix G).

#### **2.3.4.2 Materials.**

A semi-structured interview guide was developed based on the recommendations by Smith et al. (2009; Appendix D). The questions were developed in order to gain an

in-depth understanding of the participants' journey before, during and after their cyberbullying experience.

Key themes were held in mind when creating the interview guide. These themes were identified through previous literature and online forums and included mental health, self-esteem, and coping strategies (Brewer & Kerslake, 2015; The CyberSmile Foundation, 2016; Völlink, Bolman, Dehue & Jacobs, 2013; Parris, Varjas, Meyers & Cutts, 2012). The nature of cyberbullying was also explored in order to provide context around individual experiences. The semi-structured nature of the interview guide aimed to ensure that participants were able to freely talk about their experiences and the meanings of these, enabling their voice to be heard.

#### **2.3.4.3 Recruitment.**

Prior to ethical approval, an email to gauge interest in the research was sent to all secondary schools, sixth form colleges and higher education colleges within Gloucestershire, Warwickshire and Coventry Local Education Authorities (Appendix E). An invitation to take part in the research was sent electronically once ethical approval had been granted. Schools that agreed to take part were then provided with the inclusion and exclusion criteria and participants were identified by the school. Specifically, participants were identified via the pastoral team, the heads of years and through advertising the research on a PowerPoint slide during tutor time. This slide asked participants to email one teacher if they had experienced cyberbullying in the last 3 years and would like to take part.

Of the 126 schools and colleges contacted, 11 replied; 5 were interested in participating and 6 declined to take part. Of the 5 schools and colleges that were

interested in taking part, 3 participated in the research and a total of 12 participants were identified by the schools/colleges using the inclusion and exclusion criteria. 7 of the 12 participants took part in the research. Reasons for attrition include unsigned parental and participant consent forms and participants who were currently involved with external services, such as the Police.

#### **2.3.4.4 Procedure.**

The school identified participants for this research. Prior to the interviews being conducted, the school provided participant and parents/ guardians with an information sheet (Appendix F) and informed consent was obtained from parents and participants (Appendix G). Consent from the school head teacher was also obtained to confirm that the school was willing to participate. Prior to the interview, each participant completed a demographic questionnaire, which asked for their age, year group, gender and ethnicity. This questionnaire also screened for whether the participant met the inclusion criteria (Appendix L). Each interview took place in a quiet area which was an empty classroom within the school, and was audio recorded. The interviews lasted between 33 and 100 minutes. After the interview was completed, participants were provided with a debrief sheet (Appendix H) and a school teacher was informed if any risk had been identified.

#### **2.3.5 Interpretive Analysis**

Notes were made after the interviews, which allowed time for reflection and to attend to the participant's experience (Smith et al. 2009). The researcher aimed to complete transcriptions within the 2 weeks following the interview and the

transcripts were read multiple times, which enabled the participant to be held in mind throughout the analysis, as recommended by Smith et al. (2009). In order to ensure participant's anonymity, personal identifiable information has been removed or replaced with pseudonyms.

Analysis was conducted in line with guidelines by Smith et al. (2009). Descriptive, linguistic and conceptual codes were considered for each interview (Appendix H). This formed the basis for the development of themes. Once all interviews had been themed, the key overarching themes across interviews were identified (Smith et al., 2009). The process of obtaining final themes can be found in Appendix J.

### **2.3.6 Reliability of analysis**

In order to ensure reliability of the data analysis, a portion of a transcript was coded by another researcher independent of this project. These codes were then compared and similarities and differences in coding were discussed. This process aimed to achieve a reliable interpretation of participants' experiences.

## **2.4 RESULTS**

Following analysis of the findings, two superordinate themes emerged; *Transition of the self* and *Being "in a dark room"*. Each of these themes consists of three subordinate themes as shown in Table 3.

**Table 3. Superordinate and subordinate themes**

Superordinate Themes	Subordinate Themes
Theme 1. Transition of the self	a. "Why would you do that to someone?" b. Cracks in the strength of self c. Becoming a phoenix
Theme 2. Being "in a dark room"	a. "Things were hell" b. Trapped within the four walls c. Struggle to step back into the light

#### **2.4.1 Theme 1. Transition of the self**

This first superordinate theme represents the sense of self over time and highlights how cyberbullying has shaped participants' experience of their identity. For example, Jamie described that her experience of cyberbullying changed her internal world.

*"It just changes your whole mindset"*

(Jamie, line 294)

This superordinate theme reflects on the process of making sense of why cyber-victimisation has occurred and how the psychological distress has impacted on their sense of self. This theme also identifies the beginnings, for some participants, of the journey towards rebuilding their sense of self.

##### **2.4.1.1 Theme 1a. "Why would you do that to someone?"**

Within the context of their own identity, all participants expressed a sense of confusion or struggle to make sense of their experience of being cyberbullied and integrate this into their own world. In their efforts to try to rationalise what was happening, six of the seven participants tried to search for meaning and answers

through questioning their own behaviour. For example, Alex and Jamie considered their own role within the cyberbullying which was associated with a tendency for self-blame.

*"it made me feel like what have I done to deserve this, and why do people pick on me? I don't know what I've done wrong"*

(Alex, lines 77 - 78)

*"it was just like, well what have I ever done for you to feel that way towards me?"*

(Jamie, lines 67-68)

However, while Alex and Jamie struggled to find answers, other participants, such as Chris, reflected on the possibility that outward expressions of distress may have perpetuated the cyberbullying.

*"she was holding a grudge on us, but for nothing that we had ever done to her, we never like retaliated back, and when you look at it back that might have been why she carried on doing it, because we'd get upset about it"*

(Chris, lines 215-217)

In addition to examining their own behaviour in an effort to assign meaning to their experiences, some participants also engaged in a process of re-evaluating and questioning others' behaviour, as can be seen by Sam:

*"Is that what everyone's like or is it just a thing that she has?"*

(Sam, line 90)



#### **2.4.1.2 Theme 1b. Cracks in the strength of self.**

This subordinate theme highlights the power of cyberbullying in changing the nature of the relationship with the self; all participants voiced a conviction that their experience led to feeling less secure and having a less stable sense of self. This change in the relationship with the self appeared to take many forms, including self-questioning and self-doubt, as seen by Chris and Sam:

*"I was just doubting myself all the time"*

(Chris, line 451-452)

*"They were like calling me names, like saying fat, ugly, like stuff like that, the usual that you get on social media, it just made me realise, am I actually? Do I need to change something?"*

(Sam, lines 127-128)

Additionally, this change in how the self is perceived is also reflected through questioning of self-worth, as Bailey describes:

*"then I just get this message, and I just think am I just worthless in real life?"*

(Bailey, lines 291-292)

One key change in the relationship with the self, as expressed by six participants, was a reduction in self-confidence. For Jamie and Morgan, their low self-confidence resulted in a shrinking of their external world and social life:

*"The confidence as well, it just sort of, it went. Before it was just like, just like a normal level of confidence, but after it just completely went down because*

*it was just sort of like "oh I don't want to wear this anymore, I don't want to go out, I don't want to go into town because them girls will be there and they'll make a comment or they might take another photo or they'll think this about me"*

(Jamie, lines 314-318)

*"I mean it did affect my self-confidence and self-esteem, massively...that's why at this school now, I haven't joined the netball team, I haven't done the star role in the musical, I've auditioned, but I was too nervous to actually project..."*

(Morgan, lines 351-355)

These definite cracks within the strength of the self, culminate, for Alex and Charlie, in a significant threat to existence, emphasising the fragility of the self:

*"I've wanted to commit suicide before, cos it got to the point where I couldn't handle it"*

(Alex, lines 206-207)

*"it no longer became them trying to pick on me or tease me, it took it a step further to now just constantly getting me down and trying to destroy me as a person"*

(Charlie, lines 121-123)

#### **2.4.1.3 Theme 1c. Becoming a phoenix.**

This subordinate theme conveys the reformulation of the self as represented by the phoenix rising from the ashes. This theme emphasises the process of self-

development, starting with the struggle to move forward from the experience and culminating with the development of resilience and self-growth. All participants talked about their experience and place within this journey. For example, Jamie describes her struggle to rebuild her psychological world and let go of past experiences:

*“it's still now in my mind, it's still engraved in there and it's still now, if I do see that girl, I just, oh just ignore her, or I think is she going to take another photo, or what's she thinking, is she going to make a comment?”*

(Jamie, lines 180-182)

However, Charlie and Chris describe being in a different place along their journey, talking in positive terms about the emergence of a stronger and more resilient sense of self:

*“I feel more stronger in myself than I have done before”*

(Charlie, line 340)

*“I grew up as well and I matured and I got better in that sense that I wouldn't allow her to make me feel like that ever again”*

(Chris, lines 519-521)

This development of resilience and a stronger sense of self, as well as receiving support from others, is also associated with the increase of self-confidence, as Sam describes.

*“I like got in counselling and stuff and I started getting my self-confidence back like I thought, I'm not who they (the bullies) say I am”*

(Sam, lines 268-269)

#### **2.4.2 Theme 2. Being “in a dark room”**

The “dark room” provides a deeper understanding of psychological and emotional experiences when the strength of self is challenged. In this way, this superordinate theme can be seen as emerging from within the subordinate theme “*Cracks in the strength of self*”. It provides a glimpse into the nature and severity of the psychological distress that these young people experienced during the course of being cyberbullied. Within this theme, participants openly compared their lives to that of “hell”, talked of occupying a world in which they felt trapped and described their struggle to step out of the dark room and back into the light.

##### **2.4.2.1 Theme 2a. “Things were hell”**

This subordinate theme highlights the emotional experience of participants during cyberbullying. All participants described feeling hurt, upset or depressed by their experience. Irrespective of the form the cyberbullying took, the psychological distress caused and its impact on participants was profound:

*“I ended up crying into my pillow because of how hurt I was”*

(Charlie, line 128)

*“I didn’t want to eat, I didn’t want to sleep, I just, I was upset all the time”*

(Chris, line 255-256)

Although all participants described their distressing emotional experiences, some expressed a desire to want to disconnect from this hurt. For example, Sam shared her desire to detach herself from her emotional experiences:

*"it was like self harm was a way of putting my mental hurt into a physical hurt"*

(Sam, lines 204-205)

Furthermore, for Morgan, her desire to disconnect from her hurt is also coupled with the reality that her distress is felt continuously, with only the severity of distress changing:

*"it was just kind of like being followed around by mosquitoes and when they actually sting you, it hurts, but I'm pretty much over it already at that point, yeah it will leave a bit of a mark for a while, but it won't impact on me at all."*

(Morgan, lines 444-446)

As well as feelings of hurt, six of the seven participants discussed feelings of anger. This anger, as discussed by Sam, can follow periods of hurt and sadness and can act as a strategy to distance herself from others, protecting herself from the distressing experience.

*" At first I get upset about things, like for instance if someone's like commented on my photo, I'll just, it just makes me upset and just wonder things, and then it just makes me angry, like why people want to do that and why people want to make (you) feel like that, and then I just shut off everyone, I push everyone away and I just want to be alone when I'm angry."*

(Sam, lines 373-377)

However, anger can also be internalised, as discussed by Jamie and Alex, resulting in self-attacking behaviour and self-destruction:

*“it made myself angry within myself because I just sort of think, I sort of turn against myself”*

(Jamie, lines 433-434)

*“it was what they said made me feel like if I cut myself ... it wouldn't make me feel the pain.”*

(Alex, lines 145-146)

#### **2.4.2.2 Theme 2b. Trapped within the four walls.**

This “dark room”, filled with feelings of sadness, upset, depression and hurt, left all participants either feeling trapped, unable to escape or expressing fears about becoming trapped. This sense of being trapped might relate directly to the distressing experience of being cyberbullied:

*“when you actually realise that's a person that's saying all these things to me, that isn't just my phone coming up with new random things to make me feel bad, it's actually someone, and when you see the actual emotions you just know that it's real and you can't escape it.”*

(Bailey, lines 323-326)

The sense of being trapped might also relate to an inescapable pre-occupation with negative thought patterns concerning a sense of worth:

*“It kind of felt like nothing was going right and everything that I did was wrong, that's how she made me feel, that everything I did was so wrong.”*

(Chris, lines 524-526)

Feeling trapped within the four walls of the “dark room” resulted in disconnection from others. This was because participants either felt alone or unsupported, as Chris describes:

*“I didn’t have anyone to go to” and so “felt really alone”*

(Chris, lines 165-166)

Participants also actively sought social and emotional isolation as a coping mechanism. This approach was used not only as a method of protection, but also as an attempt to hide distress from others. For example, when Morgan realised that her parents were starting to suspect that she might be the victim of bullying, she proactively rejected her parents’ attention and affection in order to prevent them from further knowing about her hurt.

*“I didn’t really let my parents hug me or anything, cos it hurt a lot, cos I was always covered in bruises, so I’d always wear my blazer and everything.... they still to this day don’t know, and I don’t intend on telling them, whatsoever, because if they knew then they’d just feel guilty, they feel guilty for letting me deal with like the stuff which they knew about, the stuff they found out about online, cos that’s what I really hate about it, the fact that they had to put it online so my parents could see, so that everyone can see”*

(Morgan, lines 754-761)

#### **2.4.2.3 Theme 2c. Struggle to step back into the light.**

In this subordinate theme, the light represents hope and feeling able to break free from the feelings of hurt and distress that participants were experiencing. However,

all participants talked about a complex set of factors, relating to feeling powerless, lack of control, loss of trust and feeling unprotected or let down by others which prevented them from leaving this “dark room”.

All participants felt a sense of powerlessness, which maintained a feeling of being trapped. For example, Chris talked about the overwhelming power that the bullies seemed to impose over her life:

*"it felt like this massive weight had been put on our shoulders that she'd had this huge hold over us and everything that we did."*

(Chris, lines 392-394)

Furthermore, any attempt to take control through reporting the incidents could simply backfire and perpetuate the cyberbullying, which for Bailey resulted in an inability to defend herself:

*"I can't go to a teacher about this, I can't even go to my parents because somehow it will all link back to me and those people will find out and it will just get worse"*

(Bailey, lines 119-120)

The ability to be open with others also requires a degree of trust, which participants appeared to struggle with, thus maintaining the position of being in a “dark room”. Six of the seven participants reflected on their ability and willingness to trust others:

*"I found it very difficult to trust people and be more cautious with what I would say or do, thinking if I was to say anything it would be turned against me"*



(Charlie, lines 243-244)

At times, participants suggested that their difficulties in trusting others, particularly teachers as Morgan describes, were based on their experiences of feeling unprotected and unsupported. This can, again, increase the struggle to leave the “dark room”.

*"At first I was confused, it's their job to take care of us, to nurture us and to see that, it's kind of how dare you, you see somebody getting hurt and you do nothing"*

(Morgan, lines 145-146)

## 2.5 DISCUSSION

### 2.5.1 Overview of findings

The aim of this research was to gain a more in-depth understanding of the psychological distress young people experience as a result of being cyberbullied. The qualitative findings were interpreted in terms of two superordinate themes. These themes were *Transition of the self*, which described changes in self-identity over time and the potential for recovery, and *Being “in a dark room”*, which reflected feelings of deep rooted psychological turmoil and an overwhelming sense of feeling trapped. It is acknowledged that these two themes interact with each other; self-perception changes with the experience of psychological distress.

### **2.5.1.1 Theme 1. Transition of the self.**

Within the theme, *Transition of the Self*, young people's initial attempts to make sense of victimisation through self-blaming appears to be reflected within the literature (Rivituso, 2014). These findings demonstrate the tendency to internalise cyberbullying experiences across differing age groups. The current research also noted that as the cyberbullying continued, the victims' sense of identity would start to 'crack' and become less stable and more fragile, which is evidenced through increasing self-doubt and decreasing self-confidence. These findings are reflected within a study by Cross, Piggin, Douglas and Vonkaenel-Flatt (2012) who found that 19% of children who had experienced cyberbullying had reduced confidence and self-esteem. However, the findings from the current research provide a more contextualised understanding of the impact of cyberbullying on the self. Whilst literature suggests that cyber-victimisation is associated with suicidal ideation and suicide attempts (Hinduja & Patchin, 2010), the current study adds further context to this in framing suicidal thoughts within an increasingly fragile sense of self.

Moreover, this research found that after cyber-victimisation, participants embarked on a journey towards development of resilience, which was associated with an increase in self-confidence and control. Tobias and Chapandar (2016) suggest that this resilience is built as the result of the experiences of cyber-victimisation; the individual's sense of self identity is re-evaluated, including their self-perceptions, self-esteem and self-efficacy (Tobias & Chapandar, 2016).

### **2.5.1.2 Theme 2. Being “in a dark room”.**

This research also provides an in depth understanding of the psychological experiences of being a cyber-victim; with the “dark room” representing the psychological turmoil experienced by the participants. All young people in this research shared feeling trapped, as if there was no escape. These findings are in line with previous research by Rivituso (2014) who found a theme of depression as resulting from feelings of not being able to escape from the cyberbully. Given this, it is possible that the participants’ emotional experiences in the current study, such as feeling hurt, upset or depressed, may have also arisen from feelings of being trapped in the “dark room”.

This research emphasises the key mechanisms maintaining the feeling of being trapped in psychological turmoil, such as mistrust of others, feeling uncared for and unprotected by others. These mechanisms are also reflected in the literature as Rivituso (2014) also found a key theme of mistrust of others and technology and Public Health England (2017) found that 37.4% of children and young people did not feel that teachers cared about them. Developing distrust in others may serve as a protective mechanism against further hurt and rejection from others, therefore supporting self preservation and resilience (Johnstone et al. 2018).

This research also highlights the presence of anger and upset in participants who had been cyberbullied. This is in line with previous research that found cyber-victimisation was associated with internalised and externalised displays of anger (Ak, Özdemir & Kuzucu, 2015). Furthermore, Patchin and Hinduja (2006) found that 39.8% of young people who had been cyberbullied felt angry and 27.4% felt sad. Given that six out of seven participants in this research expressed anger, it is

possible that the anger expressed may act as a defence mechanism against the deep emotional pain and hurt.

### **2.5.2 Theoretical Implications**

Within the literature, there are many theoretical models which aim to explain the phenomenon of cyberbullying, these include the General Strain Theory (Agnew, 1992), The Online Disinhibition Effect (Suler, 2004) and the Power Threat Meaning/Response Framework (Johnstone et al., 2018). Both the General Strain Theory and Online Disinhibition Effect aim to understand the overall phenomenon of cyberbullying and behaviours of the perpetrator. As the Power Threat Meaning/Response Framework (Johnstone et al. 2018) focuses on understanding the victim's experience, this paper will focus on this framework (Johnstone et al. 2018) as a means to understand young people's experiences of cyber-victimisation and the development of their resilience. Within this model, cyberbullying could be interpreted as the exploitation of *power* whereby one person or a group use social media as a tool in order to dominate and control the lives of others. The *threat* constitutes the impact or psychological distress caused to the self ( e.g. depression, low self-confidence, suicidal ideations). Finally, the *meaning/response* aspect explains how the individual victim interprets what is happening to them and in turn how they react (e.g. to feel trapped, to resist, to become angry, to self-isolate, etc). These responses may be seen as self protective mechanisms which aim to enhance feelings of safety (Johnstone et al., 2018).

According to Johnstone et al. (2018), re-formulating traumatic life events in these terms moves us away from conceptualising the consequences of cyberbullying as a

purely psychological or even pathological problem. Instead it recognises that victims' access to power, as determined by wider social factors such as poverty, discrimination and inequality, is influential in interpreting their world. There are factors which may enhance or reduce the experience of threat with an individual's world; risk factors include the number of difficulties experienced within childhood, whereas protective factors include having someone to confide in or feeling supported (Johnstone et al., 2018). These can have an impact on individual experiences of resilience.

Within this research, the negative power relations experienced during cyberbullying, may give rise to feelings of threat. For example, participants expressed difficulties with trusting others, which may be a protective strategy to avoid further hurt and rejection from others. It is possible, therefore, that resilience may emerge through the application of self protective strategies. These protective responses may encourage a 'time out' through withdrawal from others, which may encourage the preservation or development of resilience.

### **2.5.3 Clinical Implications**

Findings from this study suggest that in order to fully engage with the journey towards resilience, as seen within the subordinate theme *Becoming a Phoenix*, support from others is key. This holds particular significance as cyberbullying is not often actively disclosed by young people (Moreno & Vaillancourt, 2017; Vaillancourt, Faris, & Mishna, 2017), therefore, external support is crucial in supporting young people to feel able to share their experiences. In order to achieve this, the wider system needs to adopt a more active role in early detection of

cyberbullying, through possible training of key signs of cyberbullying (Moreno & Vaillancourt, 2017), to include psychological experiences as well as noticing changes in self-esteem and self-confidence. This may involve psychoeducation leaflets for parents which could be handed out during school parents' evenings. This would allow more opportunity for young people to feel understood by others, and in turn this may support the child to maintain or strengthen social connections and in turn, their resilience. It is possible that individuals who have not received this support may be less likely to engage with their own journey towards resilience and they may be more vulnerable to bullying in the future, such as in the workplace.

Furthermore, the Royal Foundation's Taskforce on the prevention of Cyberbullying has very recently piloted providing emotional support on social media sites, such as Facebook, Snapchat as well as on the NSPCC website (The Royal Foundation's Taskforce on the Prevention of Cyberbullying, 2018). Current research findings may highlight the importance of not only providing emotional support, but also in providing support to address issues of low self-esteem, self-confidence, and self-belief.

Given the participants' experience of feeling trapped, as seen within the theme *Being in a "dark room"*, it is important to encourage support groups within school settings, which include individuals with past experience of cyber-victimisation. Such support groups provide hope and social connectedness to young people who may feel trapped by cyberbullying, through introducing them to others in similar situations and those who have been able to step out of the "dark room". Whilst such interventions have already been piloted by some schools (Marczak & Coyne, 2013, 2015; Cox, Marczak, Teoh & Hassard, 2017), it is important that the whole school approach to tackling cyberbullying is further encouraged. This may also reduce feelings of

loneliness and could support young people to feel more in control of their experiences.

#### **2.5.4 Ethical implications**

Conducting the interviews within the school environment resulted in some staff entering the room during interviewing. Although this was not within the control of the researcher, this may have had an impact on the perceived confidentiality of the interview; participants may have felt less safe and therefore less open to discussing some aspects of their experience.

Another ethical implication involves informing schools and family of risk. Prior to recruitment, all consent forms stated that family would be informed should issues of risk to self or others arise. However, after discussions with one school, it was acknowledged that parents may be the subject of disclosure and sharing these disclosures with family may be placing the child at further risk. Therefore, the decision was made to inform the school of any issues relating to risk or harm and the school would proceed with this, in accordance with their safeguarding policies.

#### **2.5.5 Limitations and Future Directions**

There is mixed evidence regarding the gender differences in cyberbullying and it is acknowledged that this research does not equally represent both males and females. It is therefore possible that gender differences in experiences may have impacted on research outcomes. Future research could use qualitative approaches to investigate

the psychological experiences of cyberbullying victimisation for males and females separately.

Although participants were not experiencing cyberbullying at the time of interview, it is unclear whether they were currently experiencing traditional bullying as this did not form part of the inclusion criteria. If participants were engaged in bullying of any kind at the time of their interview, this may have had an impact on their thought processing and capability to reflect on their experiences of cyber-victimisation. Future research should ensure that participants do not experience any form of bullying during the period of interviewing.

Given that experiences of traditional bullying increase the likelihood of cyberbullying (Hinduja & Patchin, 2008; Chen, Ho & Lwin, 2017), there may exist a false dichotomy between cyberbullying and traditional bullying. Instead, these forms of bullying appear to naturally overlap, where cyberbullying may be seen as an extension of traditional bullying. Therefore, it is not surprising that six participants also had experienced traditional bullying, either prior to or during the cyberbullying. Given the relationship between traditional bullying and cyberbullying, it is therefore not possible to conclude that participants' experiences and psychological responses were directly and solely related to cyberbullying. This makes it difficult to establish the unique impact of cyberbullying to an individual's psychological functioning. Instead, the new insights from this research regarding a changing sense of self over time may reflect the cumulative impact of traditional bullying and cyberbullying.

Due to the nature of recruitment of young people through teaching staff within the child's school, participants were recruited if their experiences were known to the



school. Therefore, the sample may be biased, for example, towards participants who had sought support, and may not represent the wider population. It is possible that this sample may have been offered support by the school and may, therefore, be further along in their journey towards building resilience and strength than the children who did not feel able to share their experiences. There may also be a selection bias related to who the teacher felt would be appropriate for the research, for example, a participant was excluded by the school due to their current involvement with external services. This may have biased the sample towards children who were emotionally and cognitively able to cope with the demands of interviewing. Also, given the nature of IPA in generating an in depth understanding of experience, a small sample size was used. Therefore, results may not be generalisable. Furthermore, within IPA it is considered good practice to attempt to validate the researcher's interpretation of the findings through discussions with participants. However, due to the nature of the sample population, this was not possible.

The author acknowledged the difficulties in obtaining the length of cyberbullying experience from participants; this information was not always provided or not made explicit. Therefore, it is difficult to understand cyberbullying experiences within the context of time. Future research may focus participant selection around length of experience or number of cyberbullying experiences, particularly as Smokowski, Evans and Cotter (2014) demonstrated that the length of time that the cyberbullying occurred impacts on the individual's mental health.

Given the psychological impact of cyberbullying victimisation in young people, further research may seek to address the efficacy of interventions, e.g. within schools

or mental health care settings, aimed at improving psychological wellbeing in children who have experienced cyberbullying.

## **2.6 Conclusion**

This research has highlighted the significant impact of cyberbullying victimisation on young people's emotional and cognitive processing, which can be seen in both subordinate themes. It provides a unique insight into the young people's changing sense of self over time. In particular, the experience of cyberbullying has been shown to impact on the strength of the self, individual resilience, self doubt and self confidence. This research has also highlighted the journey that participants embark on to restore their own strength and sense of self after cyberbullying victimisation.

This research also considers the emotional distress which occurs in conjunction with a changing sense of self. It highlights the importance of considering the individual's emotional needs as well as providing support to strengthen the sense of self after experiences of cyberbullying victimisation.

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## **Chapter III: Reflective Paper**

### **Reflections on the Research Process**

Word Count: 3,151

### **3.1 Introduction**

Reflection is an active process, requiring self-awareness of both cognitive and affective responses in order to facilitate learning (Rogers, 2001). Reflection has been shown to be of value within health and educational settings; this active process of learning can increase competence and the level of care provided by practitioners (Koshy, Limb, Gundogan, Whitehurst & Jafree, 2017; Mann, Gordon & MacLeod, 2009).

It is acknowledged that there are many models of reflection within the literature. In an attempt to provide a structure to the reflective process, Gibbs (1988) developed the cycle of reflection. Gibbs' (1988) model identifies 6 key questions to aid the reflection process, these include (1) describing the situation, (2) consideration of the thoughts and feelings that arose within this situation, (3) being able to evaluate the situation, understanding the positives and negatives, (4) attributing meaning to the situation, (5) the learning process and (6) action points for the future. This model has been utilised within health settings (e.g. Beam, O'Brien & Neal, 2010) and has been incorporated into part of the learning process for students (Quinton & Smallbone, 2010).

In an attempt to understand my research experiences, this paper will be influenced by the reflective process of Gibbs (1988). This paper will provide an emphasis on the relationship between my role as a researcher and practitioner and how these roles may compliment and conflict with each other. This shall be examined within four key areas: my own learning process about Interpretative Phenomenological Analysis (IPA), the interviewing process, my struggle to, on occasion, acknowledge participants' traumatic experiences and the literature review process.

### **3.2 Learning about Interpretative Phenomenological Analysis**

Before starting the Doctorate in Clinical Psychology, my research experience was predominately quantitative in nature. Teaching at undergraduate level reinforced the importance of using quantitative methods in order to ensure scientific rigour. I was initially introduced to qualitative approaches during my Masters, where I used thematic analysis within my research. Although this was a new approach which felt daunting, it gave me an insight into new methods which could be used, where appropriate, within research. On the face of it, these qualitative methods appeared to have less scientific rigour and be much more subjective in nature, however given my own epistemological view as a social constructivist, this approach was appealing as it provided a new approach to understanding experiences and the meanings that have been attributed to these.

As I started the Doctorate and learnt more about IPA, I began to understand the depth of knowledge obtained through the use of this approach; this method extracted meaning and interpretations from experience. While I still, at times, doubted its rigour, I felt that this approach overlapped with my experience as a practitioner; both roles enable the participant's voice to be heard, establish meaning attributed to experiences and rely on the therapist or researcher to have a self-awareness of internal responses. These areas, and their overlap with the role of practitioner, will be addressed in turn.

My first pull towards using an IPA approach was the deep connection that is developed with the participant; their voice is the core and most fundamental element of this approach. Consideration has been given to the positives and negatives of this approach (Gibbs, 1988). Although IPA requires much more time investment than

quantitative methods, for me, listening to someone's experience adds a sense of realism and genuineness that cannot be obtained through quantitative research; it allows the person, not just the 'symptoms' or 'behaviours' to be seen and heard. This parallels my work as a clinical practitioner as there has been movement away from the medical model and towards taking a holistic view of the individual.

As my understanding of IPA has developed, so has my knowledge of how meaning and the participant's voice is heard and understood. Both IPA and my role as clinical practitioner highlight that each experience has its own meaning and this will be unique to the individual. Within an IPA framework, meaning is expressed through the use of superordinate and subordinate themes. Whereas within clinical practice, meaning is often influenced and shaped by interpretations and therapeutic frameworks, which inform the type of intervention used. As my learning has developed, my view of IPA is that this approach holds the purest form of meaning which is untouched by the researcher.

Within both my academic and clinical roles, the emotive nature of understanding experiences and meaning results in the presence of my own internal physiological and emotional responses. It is therefore, crucial to understand my own biases, preconceptions and have an awareness of my own responses in order to disentangle these from the experiences of the participant or client in therapy. This is particularly important as IPA utilises a bottom up approach and there exists a double hermeneutic; the researcher, with their own prior beliefs and knowledge, is interpreting the participant's experience (Ormston, Spencer, Barnard & Snape, 2014; Smith & Osborn, 2008; Pietkiewicz & Smith, 2014). Therefore, my experiences and beliefs influence the research process. Drawing from Gibbs' (1988) cycle, key learning points and actions for the future arose with regard to developing my self-

awareness; during theming of interviews I noticed a tendency across all interviews to use the theme “disconnection”. Reflection enabled me to realise that this theme was skewed by my own cognitive and affective processes at that time, reflecting my own state of mind rather than the participants’. While it is acknowledged that coding and theming is influenced by the researcher’s own thoughts and beliefs, I re-addressed this theme in all interviews in order to provide a more accurate representation of the participants’ experience. For all themes created from that point, consideration was given to how they reflected the participants’ experience.

### **3.3 The Interview Process**

The interview process raised the challenge of learning how to separate the roles of clinical practitioner from that of researcher. This difficulty was particularly evident within some of the interviews as I was drawn towards assessing risk and noticed a pull towards interpretation, paraphrasing and reflecting emotion. It is possible that my sense of uncertainty and under confidence in myself as a researcher resulted in adopting a default position of practitioner. This had an impact on the depth of experience initially discussed, for example, at times, my focus on risk may have limited the exploration of the participant’s experience. Furthermore, this initial sense of uncertainty about the role of researcher led to a more rigid interview structure, following each question in order. This encouraged a more researcher led approach and may have limited the depth of the interview as participants may have felt less free to tell their own story. This may be reflected in the short interview time for the first interview. Recognition of the impact of my feelings of anxiety and uncertainty on the process of data collection helped to shape future interviews. The structure of

the interviews that followed were looser, allowing for the participants to share their story in a way that made sense to them. This meant that often participants led with providing an overview of their cyberbullying experience before discussions surrounding life before cyberbullying. This change in approach may have helped participants to feel less anxious about the interview experience and it also helped to provide a context to their experience, aiding with developing an understanding of their experience.

Furthermore, this development in my own skills as a researcher was also coupled with an additional pressure from schools to complete the interviews within the timeframe set by staff, further reinforcing a researcher led approach. This, in particular, raised my own anxieties about how to cover the material within the time constraints and it is possible that this anxiety also enhanced the anxiety experienced by participants. This may have further limited the detail of information that the participant was able and willing to share. Through this experience I have learnt the importance of taking the time to co-create a set of expectations for the interview process. Although this was partially achieved, for example through having a joint understanding of managing risk, it is possible that the gratitude I felt towards staff for their support prevented me from feeling able to fully vocalise my own expectations and needs.

This interview experience has helped me to consider the reasons for my struggle to separate the role of researcher and practitioner. As a clinical practitioner, I hold a sense of power; therapeutic work involves sharing my knowledge and understanding of therapeutic models as a means to make sense of the client's experience. Clinical interventions are often solution focussed and promote psychological wellbeing, and this involves a degree of structure and input from me, as the therapist, as well as the



client. Conversely, the role of researcher allows the participant to hold the power; there is no focus on solutions or improving psychological distress, instead the focus is on how the participant wishes to tell their story. This approach to interviewing initially felt somewhat neglectful, particularly as the aim of my clinical work is to provide support to an individual who is experiencing distress. However, I noticed that my own internal response differed to that of the participants; my desire to want to understand the participant's experience often resulted in an emotional connection between the participant and I, which helped to guide questioning and further help the individual to feel listened to and heard. This was reflected in the feedback from participants who expressed that the experience was cathartic and appreciated someone listening to their whole story, not just part of it. In any context, be it personal or professional, this highlights the importance of being heard, which can be just as powerful as a therapeutic intervention and this forms the basis for any clinical work and development of a therapeutic relationship.

The wording of the interview guide, as well as questions asked in the interview, further developed my awareness of the impact of language on participants. Language is socially constructed and enables a shared understanding of reality (Darlaston-Jones, 2007). The way in which language is used, therefore, has implications for how individuals may be perceived. For example, the use of the word 'victim' is prevalent within the literature on bullying (e.g. Mishna, Khoury-Kassabri, Gadalla & Daciuk, 2012), however this word has many connotations in the culture within which we live, such as 'weak' or 'vulnerable'. Therefore, when using this word, it also must be acknowledged that both societal and individual meanings associated with 'victim' will be evoked. This consideration of language appears of particular importance as one participant shared that she does not perceive herself or others as victims,

suggesting an avoidance of using this word to describe others. This comment enabled me to reflect on the impact of using ‘victim’ in my interviews; I had categorised participants and only after interviewing, I became aware of the psychological impact of this. For some, this label may have placed constraints upon them, further preventing them from feeling strong enough to leave the “dark room”. For others, avoidance of the word ‘victim’ may be a defence mechanism to prevent the individual from engaging in the reality. I also noticed that the word ‘victim’ did not fit with some participants’ self-perception. This new awareness left me feeling a renewed sense of responsibility for how I use language. This process has implications for my role as clinical practitioner; an awareness of language and how this is used will encourage development of the therapeutic relationship through understanding the client within the framework of how they construe their world. Guided by Gibbs’ (1988) reflective cycle, key action points for the future include further consideration of the impact of labels, such as ‘victim’, as well as diagnostic labels within the current literature as well as within school and health settings, particularly in relation to how experiences, such as cyberbullying, are described and the constraints this may place on the individual. An awareness of how language, for example diagnostic labels, may lead to stigmatisation is also key in promoting psychological wellbeing.

### **3.4 Credibility of Information**

Although times are now changing, historically a child was “seen, but not heard”; their voice and power were diminished. Conducting this research has provided me with the opportunity to consider, in depth, the power of the child’s voice and at

times, my own struggle to accept their voice. In one particular interview, I noticed my own visceral response to a participant's description of their extreme experience which was accompanied with feeling low in mood as well as feeling frustrated and annoyed. I noticed my own internal conflict; I had acknowledged the pain of the participant's situation, yet I was reluctant to believe that this experience could have truly occurred, which I felt was reflected in my frustration towards the participant. Doubting the credibility of the participant's story culminated in the early termination of the transcription process. However, I noticed that part of me was not prepared to deny the participant's experience and this resulted in discussions with my research supervision team in order to explore the processes further. This helped me to attribute meaning to my response and aided the learning process (Gibbs, 1988).

There was a clear difference between my own experience of childhood and the experience of those I had interviewed. This meant that I was working outside of my frame of reference. As I had not been through these experiences described by participants, I could not truly conceive or understand their life experiences. This meant that part of me struggled to accept these life experiences of the participants. Coming with a different set of experiences to those of the participants therefore may have induced a sense of naivety; a shift in my own understanding was required in order to fully accept the participant's experience. This process parallels my role as clinical practitioner. Within both academic and clinical roles, I feel my skill lies in having an appreciation and empathy towards the client or participant and it is this skill that helps a client or participant to feel heard, regardless of my own personal experience.

Another way in which I have interpreted meaning (Gibbs, 1988) is through understanding my low mood as a projection from the participant. This may have

resulted in my own attempts to distance myself from the hurtful and painful experience by disconnecting from it. In this way, both the participant and I were dismissing the true experience. Within an IPA framework, this highlights a double hermeneutic of denial.

This development in my own personal learning has felt enlightening and overwhelming; it has brought light to the power that we, as adults, hold in relation to children and it has strengthened my desire to empower children and vulnerable adults to feel heard and validated. Furthermore, it has provided an insight into the process issues which can occur in both research and clinical settings and how these can result in the dismissal of an experience. Action points, as suggested by Gibbs (1988), have also been considered. Within my clinical role this awareness of the power of the child's voice is particularly relevant when working with wider systems in order to ensure the child's voice is not lost amongst differing services. Within future research roles, I hope that this reflection process will enable me to acknowledge my own difficulties relating to credibility and where this issue stems from, should this arise in the future, but also enable me to continue working effectively and empathically with the participant.

Within this research process, I also acknowledge that participants had to see me as someone who was credible and reliable. Unlike therapy where rapport is built over a period of sessions, rapport and a working alliance had to be quickly established in order for the participant to place their trust in me, that I would not expose them or exploit their experience. This feels all the more meaningful given the participants' past experiences of being exploited by others. This level of implicit trust and reliance on me, as a researcher, to act responsibly with their voice, left me feeling very privileged to hear each person's story. This left me with a feeling of wanting to

‘do justice’ to the research, which has given me more of a drive to want to disseminate the findings.

The level of detail shared by participants may also reflect their trust in me and the research process. Often, this detail exceeded that of typical therapy sessions as well as the amount confided in family or friends. This, again, added to my feeling of being in a privileged position. My role as a stranger and someone who will not meet with them again may have reduce worries about judgment and therefore enhanced the development of trust and working alliance.

### **3.5 The Literature Review Process**

When considering my role as researcher within the literature review, I noticed it paralleled the empirical research; a sense of lack of confidence and knowledge had an impact on how I interacted with the research process. These feelings may have been reflected in my initial avoidance of starting the literature review process. Even when I did start this process, I often found myself within a pattern of searching for a topic and becoming overwhelmed by the literature. This had a blocking response; I was unable to commit to a topic and felt ‘stuck’. This pattern repeated a number of times before I was able to select a topic. I feel that a number of factors influenced my final selection of a topic, namely a genuine interest in the area of review and a change in my initial search strategy. This meant that my initial searches were much more structured, using databases to identify prospective articles, rather than conducting general searches of the topic area. This change in strategy resulted in a reduction in anxiety and aided with being able to focus on shaping my literature review.

This process has demonstrated my use of avoidance as a strategy to reduce anxiety. In line with Gibbs (1988), I have learnt that although avoidance produces short term relief from anxiety, it is not a constructive or productive process as it further reinforces my sense of feeling overwhelmed or anxious. This has implications for my role as a practitioner; this could help develop further awareness and understanding of topic areas which are avoided with clients and within clinical supervision.

### **3.6 Conclusion**

This research process has been a significant learning experience, not only have I developed my skills as a researcher, but I am also mindful of the deeper personal and professional learning. This experience has been key in learning about the roles of researcher and practitioner and their similarities and differences and this is of particular relevance as clinical psychology often adopts a researcher practitioner position. My experience, in particular within the interview process, is one I shall hold with me as I progress with my own personal and professional journey.

### 3.7 References

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## **4. Appendices**

## **Appendix A: Literature Review Ethical Approval Certificate**



# **Certificate of Ethical Approval**

Applicant:

Briony Butler

Project Title:

Does a history of childhood trauma amongst Mothers impact on attachment relationships with their own children? A Systematic Review of the Literature.

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Low Risk

Date of approval:

16 January 2018

Project Reference Number:

P61163

## Appendix B: Quality Assessment Framework (Caldwell, Henshaw & Taylor, 2005)



## **Appendix C: Ethical Approval Certificate**



# **Certificate of Ethical Approval**

Applicant:

Briony Butler

Project Title:

Understanding the Experiences of Young People who have been Cyberbullied

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

Date of approval:

24 January 2017

Project Reference Number:

P48668

## **Appendix D: Interview Guide**

### **Understanding the Experiences of Young People who have been Cyberbullied**

#### **Interview Guide**

It is important for you to know that I am interested in you and your experiences. There are no right or wrong answers, and you may find that I will do very little talking as I am here to try to understand your world and life experiences. Please know that if at any time you feel you need to take some time out, we can do that, and we can also stop the interview if you feel you need to.

1. Can you tell me about yourself and your life before cyberbullying occurred?

Example prompts:

- a) How would you describe your relationship with your family/friends/teachers before the cyberbullying occurred?
- b) How would you describe yourself before the cyberbullying started?
- c) How did you feel about yourself?

2. Can you describe the nature of the cyberbullying that you experienced?

Example prompts:

- a) How old were you when the cyberbullying started?
- b) What type of technology was used?
- c) How frequently did the cyberbullying occur?
- d) How long did the cyberbullying last for?

3. Can you tell me about a time when you first saw yourself as a victim of cyberbullying?

Example prompts:

- a) What were your first thoughts?

- b) How did you initially feel?
- c) How did you act?
- d) What was your life like at home/school at this time?

4. As time progressed, how do you feel cyberbullying affected you?

Example prompts:

- a) How did you feel as time progressed?
- b) What thoughts were going through your mind?
- c) How did you act/behave as time progressed?
- d) How did you cope?
- e) What made it better?
- f) What made it worse?

5. Can you tell me a little bit about how the cyberbullying ended?

Example Prompts:

- a) What thoughts did you have about cyberbullying ending?
- b) How did you feel?
- c) How did you react to the cyberbullying ending?

6. Can you tell me a little bit about yourself and your life after cyberbullying had ended?

Example prompts:

- a) How do you feel about yourself?
- b) How would you describe yourself now?
- c) Has the experience had an impact on how you act or behave?
- d) What are your relationships like with family/friends?
- e) What's life like at home/school?

7. Is there anything else that you feel is important for me to know about your cyberbullying experience?

## **Appendix E: Email to Schools**

It would be greatly appreciated if you could forward this email to the headteacher.

Dear.....

I'm a second year Trainee Clinical Psychologist on the Coventry and Warwick University Clinical Psychology doctorate course. This course requires me to submit a doctoral level thesis to the University in order to qualify as a Clinical Psychologist. I have chosen to research the experiences of children and young people who have been cyberbullied.

In line with OFSTED, this research aims to understand how young people (aged 13-18) make sense of their experiences, how this may impact on their own sense of self and the process of coping and support seeking. In order to gain this in depth understanding, the research will involve one to one interviews, lasting approximately 30 minutes to 1 hour, providing young people with the opportunity and space to discuss their experiences of cyberbullying with myself.

This research will be supervised by two members of academic staff at Coventry University, Dr Anthony Colombo, Senior Lecturer in Clinical Psychology and Dr Magdalena Marczak, Lecturer in Clinical Psychology. Ethical approval will also be sought from Coventry University Ethics Board before interviews are carried out.

I would be really keen to hear whether your school is interested in taking part in this research. Please let me know if you would like any more information.

I look forward to hearing from you soon.

Best wishes,

Briony Butler

Trainee Clinical Psychologist

Coventry and Warwick University Clinical Psychology Doctorate

## **Appendix F: Participant and Parent Information Sheet**

### **Understanding the Experiences of Young People who have been Cyberbullied**

#### **Parent Information Sheet**

##### **Information about the research**

Communication using technology has changed the nature of bullying, increasing the potential for it to be anonymous and 24/7. This research aims to understand how young people have made sense of their experience of being cyberbullied, how this may have impacted on their sense of self and the process of coping and support seeking. Capturing individual experiences is important to help understand the full impact of cyberbullying and what support, if any, was helpful.

##### **What will my child have to do?**

Your child will have the opportunity to meet with Briony Butler, Trainee Clinical Psychologist, and they will have the space to talk about his/her experiences of being cyberbullied, including the psychological impact of his/her experiences and coping strategies or support systems they may have used. Briony is happy to meet with your child at their school. Your child will spend between 30 minutes to 1 hour talking with Briony.

##### **Why has my child been chosen to take part?**

Your child is able to take part in this research if they:

- Are aged between 13 and 18
- Have been cyberbullied in the past 3 years
- Have not been cyberbullied within the past month
- Do not have a diagnosed mental health disorder or developmental disorder

##### **Does my child have to take part?**

Your child does not have to take part in the study. You and your child can change your mind at any time before the interview and you can withdraw up to 1 week after the interview takes place. If you decide not to take part, all of your child's information will be removed from the research and will be destroyed. Please let Briony know if you change your mind.

##### **What will happen to the information my child will provide?**

In order to keep your child safe, if there is a concern that your child is at risk, either to him/herself or others, Briony will inform the school. The school will then share these concerns, if appropriate, with you.

The interview with your child will be audio recorded so that it can be transcribed. The recording will only be accessed by Briony Butler. Once the interview has been transcribed, the audio recording will be destroyed. All information your child gives will be made anonymous, so that they are not identifiable and information they give may be quoted, anonymously, in the findings.



All of your child's information will be stored securely, either in a password protected file or in a locked cabinet at Coventry University for the duration of the research and it will be kept for 5 years after the completion of the research on secure Coventry University premises. After this time, it will be destroyed in accordance with Coventry University policy.

A report of the findings may be used in publications, articles or presentations. The findings will also form part of Briony's doctoral thesis which will be submitted the University of Coventry and Warwick as part of her Clinical Psychology Doctorate course requirements.

### **Who has reviewed this study?**

This study has been reviewed by two academic supervisors at Coventry University, Dr Anthony Colombo, Senior Lecturer in Clinical Psychology and Dr Magdalena Marczak, Lecturer in Clinical Psychology. Coventry University Ethics Board has granted ethical approval for the research to be carried out.

### **What if I am unhappy or would like to complain?**

If you are not happy with this research or would like to make a complaint, please let us know.

You can contact Briony Butler, Dr Anthony Colombo and Dr Magdalena Marczak using the details below. If you would prefer to speak with someone independent from the research, please contact Professor Olivier Sparagano, Associate Pro-Vice-Chancellor at Coventry University using the contact details below.

### **Who can I contact for support or more information?**

Talking about experiences of cyberbullying may bring difficult thoughts or feelings to the surface. If you feel your child may need support with this, please let Briony know. Alternatively, there are also support services available and some are listed below:

Childline: 0800 1111

Samaritans: 116 123

NSPCC (Parent helpline): 0808 800 5000

This research is being run by Briony Butler, Trainee Clinical Psychologist and is supervised by Dr Anthony Colombo, Senior Lecturer in Clinical Psychology and Dr Magdalena Marczak, Lecturer in Clinical Psychology. Please contact Briony Butler for more information or if you have any questions.

### **Contact details**

Briony Butler  
Trainee Clinical Psychologist  
Email: [butlerb@coventry.ac.uk](mailto:butlerb@coventry.ac.uk)

Dr Magdalena Marczak  
Lecturer in Clinical Psychology  
email: [ab2127@coventry.ac.uk](mailto:ab2127@coventry.ac.uk)

Dr Anthony Colombo  
Senior Lecturer in Clinical Psychology  
email: [hsx412@coventry.ac.uk](mailto:hsx412@coventry.ac.uk)

Professor Olivier Sparagano  
Associate Pro-Vice-Chancellor  
email: [olivier.sparagano@coventry.ac.uk](mailto:olivier.sparagano@coventry.ac.uk)

## **Understanding the Experiences of Young People who have been Cyberbullied**

### **Participant Information**

#### **Information about the research**

It's really important to understand the impact of cyberbullying on young people so that support can be given in the best possible way. This research aims to understand your experiences, how being cyberbullied affected you and anything you may have done to help cope with your experiences.

#### **What do I have to do?**

You will meet with Briony Butler, Trainee Clinical Psychologist, to talk about your experiences of being cyberbullied. Briony is happy to meet you at your school or college and you will spend between 30 minutes to 1 hour talking with Briony.

Briony will be guided by what you do and do not want to talk about, so you do not have to share everything about your experience with her if you do not want to.

#### **Why have I been chosen to take part?**

You are able to take part in this research if you:

- Are aged between 13 and 18
- Have been cyberbullied in the past 3 years
- Have not been cyberbullied within the past month
- Do not have a diagnosed mental health disorder or developmental disorder

#### **Do I have to take part?**

You do not have to take part in the study. You can change your mind at any time before the interview and you can withdraw up to 1 week after the interview takes place. If you decide not to take part, all of your information will be removed from the research and will be destroyed. Please let Briony know if you change your mind.

#### **What will happen to the information I provide?**

In order to keep you safe, if there is a concern that you are at risk, either to yourself or others, these concerns will be shared with your school/college and, if appropriate, with your parents or guardians.

Your time spent with Briony will be audio recorded so that it can be transcribed. All information you give will be made anonymous so that you are not identifiable and what you say may be quoted in the findings.

Your audio recording will only be accessed by Briony Butler and will be destroyed when it has been transcribed. All your information will be stored securely in a locked cabinet in Coventry University or in a password protected document and will be kept for 5 years after the completion of the research.

A report of the findings may be used in publications, articles or presentations. The findings will also form part of Briony's doctoral thesis which will be submitted the

University of Coventry and Warwick as part of her Clinical Psychology Doctorate course requirements.

**Who has reviewed this study?**

This study has been reviewed by two academic supervisors at Coventry University, Dr Anthony Colombo, Senior Lecturer in Clinical Psychology and Dr Magdalena Marczak, Lecturer in Clinical Psychology. Coventry University Ethics Board has granted ethical approval for the research to be carried out.

**What if I am unhappy or would like to complain?**

If you are not happy with this research or would like to make a complaint, please let us know.

You can contact Briony Butler, Dr Anthony Colombo and Dr Magdalena Marczak using the details below. If you would prefer to speak with someone independent from the research, please contact Professor Olivier Sparagano, Associate Pro-Vice-Chancellor at Coventry University using the contact details below.

**Who can I contact for support or more information?**

Talking about your experiences of cyberbullying may bring difficult thoughts or feelings to the surface. If you feel you need support with this, please let Briony know. Alternatively, there are also support services available and some are listed below:

Childline: 0800 1111

Samaritans: 116 123

This study is being run by Briony Butler, Trainee Clinical Psychologist and is supervised by Dr Anthony Colombo, Senior Lecturer in Clinical Psychology and Dr Magdalena Marczak, Lecturer in Clinical Psychology. Please contact Briony Butler for more information or if you have any questions.

**Contact details**

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Trainee Clinical Psychologist  
Email: [butlerb@coventry.ac.uk](mailto:butlerb@coventry.ac.uk)

Dr Magdalena Marczak  
Lecturer in Clinical Psychology  
email: [ab2127@coventry.ac.uk](mailto:ab2127@coventry.ac.uk)

Dr Anthony Colombo  
Senior Lecturer in Clinical Psychology  
email: [hsx412@coventry.ac.uk](mailto:hsx412@coventry.ac.uk)

Professor Olivier Sparagano  
Associate Pro-Vice-Chancellor  
email: [olivier.sparagano@coventry.ac.uk](mailto:olivier.sparagano@coventry.ac.uk)

**Appendix G: Parent and Participant Consent Forms**  
**Understanding the Experiences of Young People who have been Cyberbullied**  
**Parent Consent Form**

Please initial each box:

1. I have read and understood the information sheet and all of my questions have been answered to my satisfaction. ☐
2. I understand that my child does not have to take part. I or my child can decide to withdraw from the study up to 1 week after the interview has taken place and without having to give a reason. If I or my child decides to withdraw or to not take part, there will be no consequences and all of my child's information will be removed from the research. ☐
3. I understand any information my child gives will stay anonymous and my child will not be identified or named. ☐
4. I understand that in order to keep my child safe, if there is a concern that my child is at risk, either to him/herself or others, Briony will inform the school. The school will then share these concerns, if appropriate, with me. ☐
5. I understand that any information given by my child may be used in future reports, publications, articles or presentations and the research will be submitted as part of a doctoral thesis to Coventry and Warwick Doctorate course. ☐
6. I agree that my child will be audio recorded as part of the research project and I understand that what my child says may be quoted within the research findings. ☐
7. I have agreed that my child can take part in the research about their experiences of cyberbullying ☐

Name of Child:.....

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Researcher's signature

\_\_\_\_\_  
Date

**Understanding the Experiences of Young People who have been Cyberbullied**  
**Participant Assent Form**

Please initial each box:

1. I have read and understood the information sheet and all of my questions have been answered to my satisfaction. ☐
2. I understand that I do not have to take part. I can decide to withdraw from the study up to 1 week after the interview has taken place and without having to give a reason. If I decide to withdraw or to not take part, there will be no consequences and all my information will be removed from the research. ☐
3. I understand any information I give will stay anonymous and I will not be identified or named. ☐
4. I understand that in order to keep me safe, if there is a concern that I am at risk, either to myself or others, these concerns will be shared with my school and, if appropriate, my parents or guardians. ☐
5. I understand that any information given by me may be used in future reports, publications, articles or presentations and the research will be submitted as part of a doctoral thesis to Coventry and Warwick Doctorate course. ☐
6. I agree to be audio recorded as part of the research project and I understand that what I say may be quoted within the research findings. ☐
7. I have agreed to take part in the research about my experiences of cyberbullying ☐

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Researcher's signature

\_\_\_\_\_  
Date

## **Understanding the Experiences of Young People who have been Cyberbullied**

### **Participant Consent Form**

Please initial each box:

1. I have read and understood the information sheet and all of my questions have been answered to my satisfaction. ☐
2. I understand that I do not have to take part. I can decide to withdraw from the study up to 1 week after the interview has taken place and without having to give a reason. If I decide to withdraw or to not take part, there will be no consequences and all my information will be removed from the research. ☐
3. I understand any information I give will stay anonymous and I will not be identified or named. ☐
4. I understand that in order to keep me safe, if there is a concern that I am at risk, either to myself or others, these concerns will be shared with my school/college and, if appropriate, with my parents or guardians. ☐
5. I understand that any information given by me may be used in future reports, publications, articles or presentations and the research will be submitted as part of a doctoral thesis to Coventry and Warwick Doctorate course. ☐
6. I agree to be audio recorded as part of the research project and I understand that what I say may be quoted within the research findings. ☐
7. I have agreed to take part in the research about my experiences of cyberbullying ☐

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Researcher's signature

\_\_\_\_\_  
Date

## **Appendix H: Participant Debrief Form**

### **Understanding the Experiences of Young People who have been Cyberbullied:**

#### **Debrief Sheet**

Thank you for taking part in this research and for sharing your experiences of cyberbullying. Your experiences will help to understand, in detail, how cyberbullying impacts on psychological wellbeing. Your interview will now be transcribed and the findings will be written as a research paper/ report which will be submitted to the University of Warwick and Coventry as part of the Clinical Psychology Doctorate course requirements.

This research is being run by Briony Butler, Trainee Clinical Psychologist, and is supervised by Dr Anthony Colombo, Senior Lecturer in Clinical Psychology and Dr Magdalena Marczak, Lecturer in Clinical Psychology. If you have any questions about the study or you feel you need to speak with someone for support, please contact Briony Butler using the contact details below. You can also speak with a member of staff at your school or college if feel you would like some support. Alternatively, there are also support services available and some are listed below:

Childline: 0800 1111

Samaritans: 116 123

MIND: 0300 123 3393

If you are not happy with this research or would like to make a complaint, please let us know. You can contact Briony Butler, Dr Anthony Colombo, Dr Magdalena Marczak using the details below. If you would prefer to speak with someone independent from the research, please contact Professor Olivier Sparagano, Associate Pro-Vice-Chancellor at Coventry University using the contact details below.

I would like to take this opportunity to thank you again for your participation, it is greatly appreciated.

#### **Contact Details**

Briony Butler  
Trainee Clinical Psychologist  
email: butlerb@coventry.ac.uk

Dr Anthony Colombo  
Senior Lecturer in Clinical Psychology  
email: hsx412@coventry.ac.uk

Dr Magdalena Marczak  
Lecturer in Clinical Psychology  
email: ab2127@coventry.ac.uk

Professor Olivier Sparagano  
Associate Pro-Vice-Chancellor  
email: olivier.sparagano@coventry.ac.uk

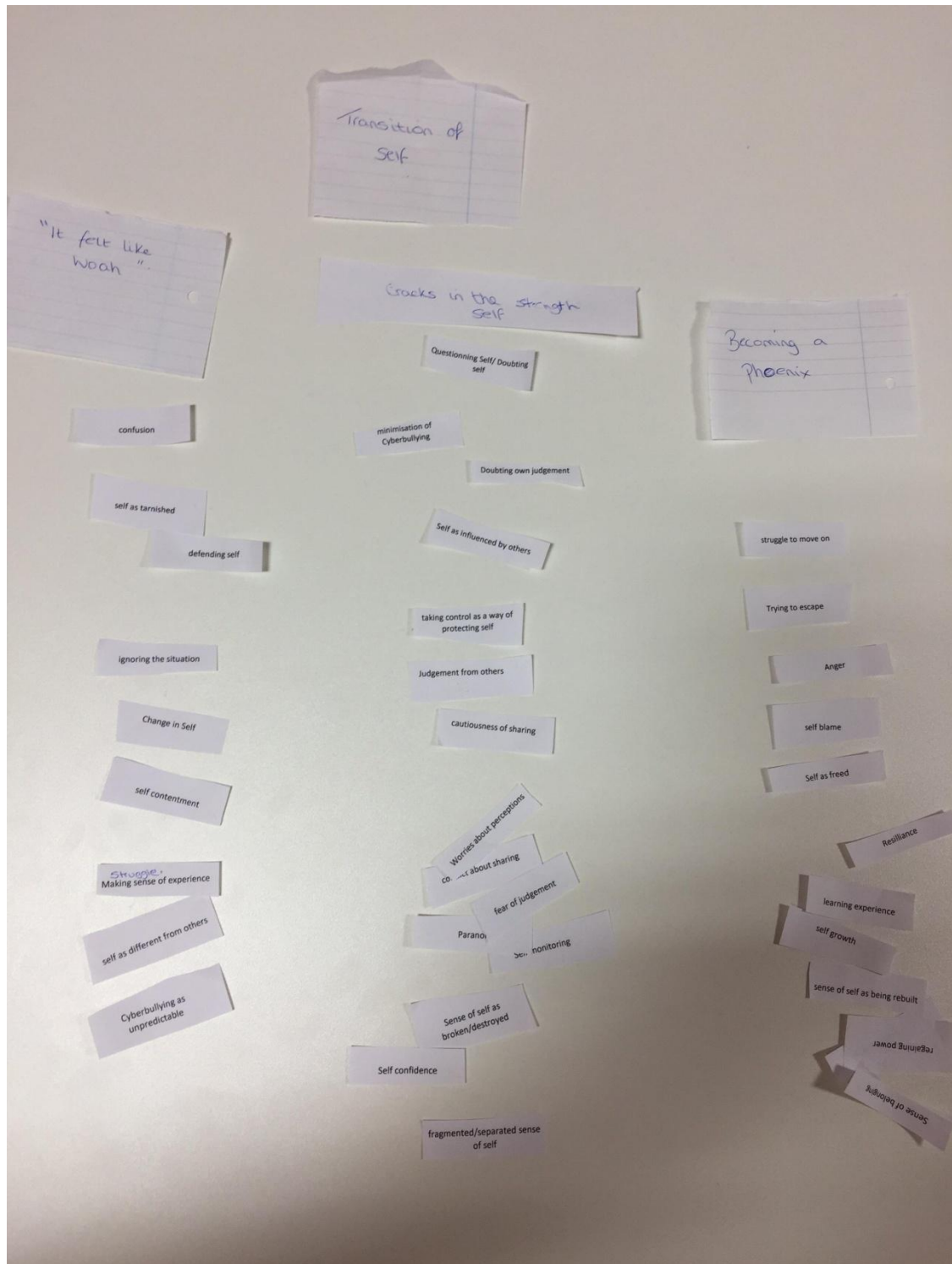
### Appendix I: Example of Transcript Coding

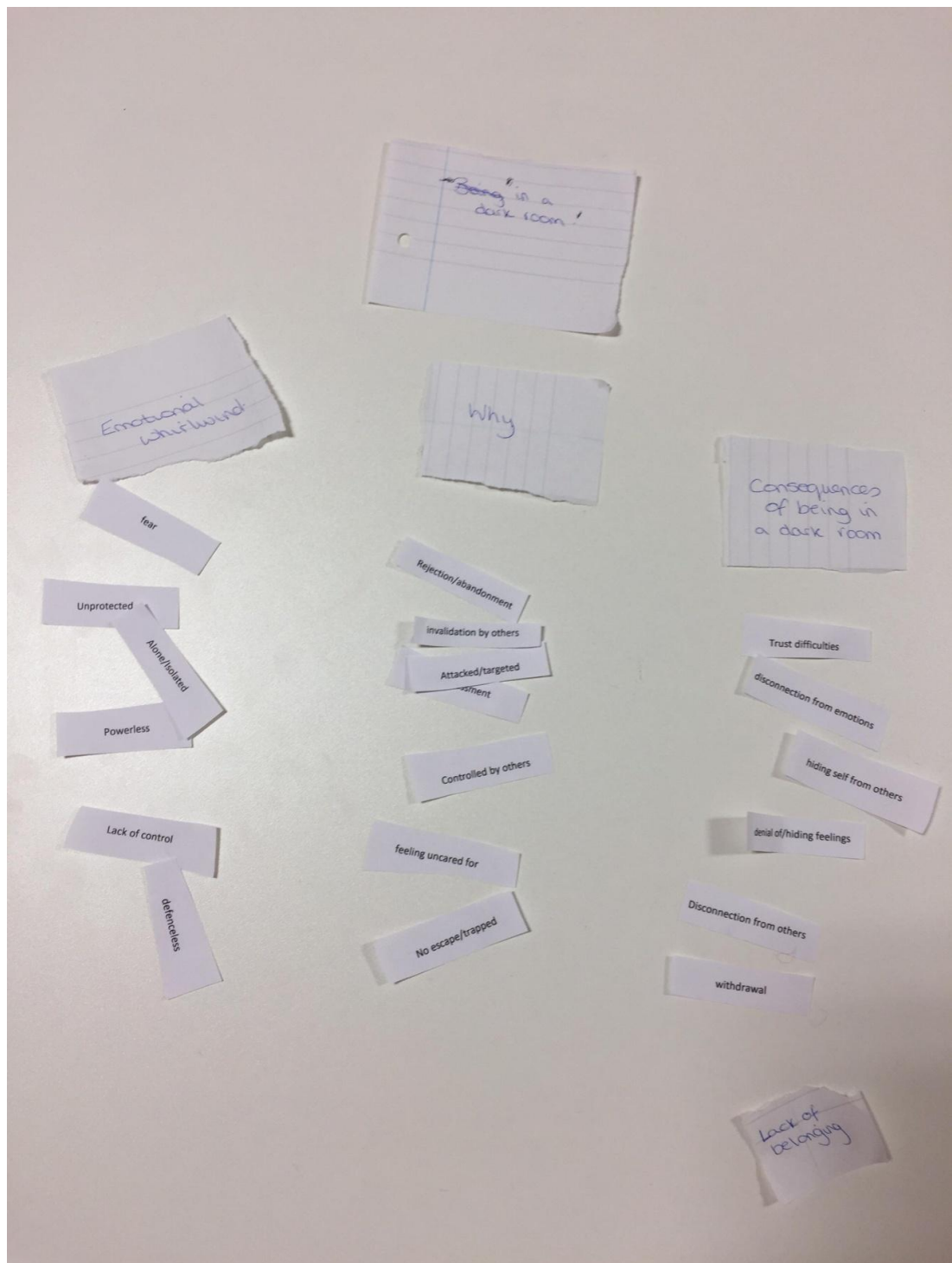
98	I:	And how did you feel when you first read all of those?		
99	P:	It was a major knock in confidence, like, especially when that snapchat was taken, cos I think it	Decrease in confidence	
100		Might have been, something was written on it about, I think the comment might have been		Difficult to recall
101		Fat thighs on that, and then a separate one about my friend, I think It might have been, it's a		
102		Major confidence knock, cos obviously you're walking down the corridor and you're thinking "oh		
103		That person's thinking about me like that" and you know, you go out and you think "oh I don't	Focus on how other's perceive her	
104		Want to wear this because that person's thinking, like still now I still sort of think "oh I don't want	Change behaviour, accommodate thoughts of the bullies.	Self doubt, Question own sense of self and places more value on other's thoughts. Values others thoughts more than her own? Unstable sense of self?
105		To wear that because what if they think that, you know, you double look at yourself even more	Doubt self and focus in on self more, question actions	Less stable sense of self
106		Because it's just like,well, that persons thought that about me, everyone else must think that	Everyone as judging her	
107		About me.		
108	I:	And was that with both facebook and snapchat?		
109	P:	Yeah, cos um, with the facebook one, I don't think there was, it was just the initial comment of		
110		You know, like slag and stuff like that, um, because that word gets thrown around a lot, just		
111		Generally in school you hear people just throw the word around now cos people throw the word		
112		Around, but at the time I was just a bit more taken aback by it, cos it was just a bit like, you know,	Names as unexpected and being Shocked by them	Impact of experience has changed with time
113		Like, why? Sort of thing, and I didn't understand the full meaning of it at the time, so I was taken	Confused, didn't understand	Struggle to make sense of experience
114		More aback by it and it upset me more, but then, cos obviously now it gets thrown around all the	the impact of word Lessened as	
115		Time, it's a bit more chill about the situation.	it's used widely	
116	I:	So you said that when you first got the facebook message, or post as it was, you were a bit taken		



117		aback and upset.		
118	P:	Yeah I first read it and I went downstairs cos I didn't know who to tell, cos my sister had been	Wanting to tell someone, but didn't know who?	Didn't want to be alone. Wanted to feel connected /supported?
119		Cyberbullied as well when she was in, and she wanted to move schools and all this and that, and		
120		Just thought oh, I just thought that would never happen to me, so I was um, when I first read it, I	Unexpected experience	Saw Self as protected? Does this mean she now feels vulnerable, unprotected?
121		Didn't know how to express my feelings so I sort of went downstairs and also I was, I was crying	unsure how to behave,	Feeling lost?
122		At the front door and then obviously I went and sat down and then obviously my parents picked	Emotion hard to keep in	overwhelmed? sense of feeling lost?
123		It up and then obviously I told them and they were sort of giving me support about it and then I		Didn't feel completely supported

## Appendix J: The process of obtaining final themes





## **Appendix K: Instructions to the authors**

### **Child Abuse and Neglect Journal**

#### **Types of contributions**

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All the information you provide here will be kept anonymous so that you will not be identifiable and you do not have to answer all the questions if you do not want to.

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Year Group: .....

Are you male or female? .....

How would you describe your ethnicity?

.....

Please tick the appropriate box below. Please ask Briony for help if you are unsure.

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Do you have a diagnosed mental health disorder? Yes ☐ No ☐

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